

# **Hope for America's Children, Youth, and Families:**

## **Briefing and Recommendations to President-Elect Barack Obama**

November 7, 2008



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## Introduction

CWLA is pleased to submit *Hope for America's Children, Youth, and Families* to President-Elect Barack Obama and the incoming 111th Congress. During this transition, CWLA offers policymakers a vision and recommendations that address both legislative and administrative efforts to improve child welfare services and, ultimately, advance the well-being of the country's most vulnerable families and children. As the nation enters a new era, we believe Americans have the creativity, expertise, and perseverance to address the challenges these families face so all children and youth reach their ultimate potential and achieve the great American dream.

*Hope for America's Children, Youth, and Families* reflects the collective wisdom, insights, and concerns of CWLA's public and private member agencies gathered over the past half year. These agencies, small and large, provide an array of child welfare and related services to vulnerable children, youth, and families in cities and communities across all 50 states. This document is also based on a review of our policies, best practice guidance, and advocacy positions researched and crafted over the past several years. Although this document is based on our cumulative knowledge and work over the past several months, clearly much has changed in our country during this time; in fact much has changed over the last six weeks.

Since the end of summer, Congress has enacted the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Fostering Connections Act, P.L. 110-351). This legislation is the most significant federal child welfare legislation enacted in at least a decade—if not since the creation of Title IV-E foster care and adoption assistance in 1980. This bill, when fully phased in, will have a significant impact on outcomes for children in foster care and special-needs adoptions across the country. It begins the critical task of focusing on the disproportionate overrepresentation of some minority populations in child welfare by providing federal funding to some kinship families and by allowing direct access to tribal governments—and, by extension, to children in Indian country. It also holds the promise of improving education and health care access for children in care and offers the promise of moving this nation, at least in some small way, toward a sounder workforce development policy in the area of child welfare.

The Fostering Connections Act offers opportunity, but the economic crisis threatens the ability of state and local agencies, both public and private, to take advantage of these opportunities. Many if not all states are or soon will be considering significant budget cuts. In the coming weeks, assessing how human services can be protected from budget cuts, at the very time when human need will increase, will be critical. This will almost certainly extend to the challenge of child abuse and neglect. Also critical will be implementing and regulating the Fostering Connections Act in a way that recognizes this dynamic. The economy will challenge state and local agencies in many different ways; we must shape federal policy over the next year in a way that takes this into account.

Despite these challenges, we offer this document as a detailed blueprint that, carried out over both the short and long term, can create a strong vision for this country's most vulnerable children and families—and all of America's families. CWLA envisions a future in which

families, communities, organizations, and governments ensure all children and youth benefit from the resources they need to grow into healthy, contributing members of society. Child welfare services must be available to families whenever concerns arise about the safety and well-being of children. A network of community-based, family-centered organizations, whose mission is to support and stabilize children, youth, and families, with appropriate sensitivity to family culture, will provide these services.

CWLA's ultimate goal is to achieve better outcomes for the children and families who encounter the child welfare system by

- preventing abuse and neglect;
- providing health and mental health services to address the impact of harm;
- preventing unnecessary separation of children from their homes;
- sustaining permanent placements that are made;
- minimizing how long children remain in foster care, should placement be necessary; and
- ensuring no disproportionate effect on children or families of any culture.

CWLA's model embraces the principle that families must be at the center of services that prevent and remedy situations that lead to child abuse and neglect. The full spectrum of services for children and families must be involved, from the first awareness a family is at risk, to early intervention, to foster care for those children whose safety and well-being is threatened, through permanency and the services necessary to sustain permanency. Ensuring quality casework practice, according to national child welfare standards, requires a professional workforce. Recruiting, hiring, training, and retaining qualified, culturally diverse and competent, effective, and dedicated professionals is essential to this effort.

In this transition paper, we offer short- and long-term recommendation across five key areas. The short-term recommendations address matters to be addressed quickly by changes in federal policy, guidance, or regulation. Many of these short-term proposals relate to the new Fostering Connections Act and how it is implemented and regulated. The long-term recommendations may require greater effort and, in all likelihood, legislation worked out cooperatively between the new Administration and the 111th Congress.

We address five key areas of child welfare:

- preventing child abuse;
- permanency for children through reunification, adoption, and kinship care;
- access to health care, including mental health and substance abuse services for children and families in care;
- helping vulnerable young people in both foster care and juvenile justice; and



- the fundamental building blocks of the system, which includes such issues as workforce, data collection, immigration, and cultural competence.

We continue to strongly urge that all recognize the reinstatement of the decennial White House Conference on Children and Youth as an essential tool to carry out all of these reforms, as well as a way to engage communities and key local stakeholders, which, ultimately, is the only way we can address any of these challenges.

## **Call for a White House Conference on Children and Youth**

In the fall of 2007, CWLA issued a call to reestablish the White House Conference on Children and Youth in 2010 and to focus that conference on the most vulnerable families and children in the United States, those who come in to contact with the child welfare system. In 2008, two bills were introduced (H.R. 5461/ S. 2771) calling for a White House Conference in 2010.

Despite being the oldest White House Conference, the first called by President Theodore Roosevelt in 1909, no White House Conference on Children and Youth has been held since 1970. Four decades have passed without the White House bringing the nation's focus on the state of our children. To be clear, we are not calling for a gathering at the White House but a two-year process identical to previous children's conferences and the White House Conferences on Aging.

### **What It Is**

Like the Aging Conference, a Conference on Children and Youth would begin with Congress passing enabling legislation to establish a policy committee, with members appointed by the President and by leaders of both parties in both houses of Congress. The President would issue the call, which would set the date. The policy committee then would set an agenda, with public input. It also would hold a series of miniconferences or meetings to address a range of key issues in the year before the actual convention of delegates. Most importantly, the policy committee would set the parameters for state and local groups to hold their own meetings to shape that agenda and address some of the most vital issues confronting their communities.

Some will argue a White House Conference on Children and Youth would just be a show or a media event. Others will argue it could delay any new legislation; still others will argue the call and the legislation introduced in the House is too narrow. In reality, the conference would be none of these.

It will involve serious discussions nationwide involving key partners and stakeholders. It will encourage new legislation that can improve the lives of children and families, and it will bring to light all the challenges children and their families face every day—issues of neglect, poverty, and barriers to families and children.

### **Challenge the Imagination**

Imagine the potential of a call to influence the next White House Conference on Children and Youth. Imagine bringing key experts, partners, foundations, faith-based and nonprofit organizations, state and local governments, and families, children, and youth to address the problems in their communities and states:

- preventing child abuse and child neglect;
- access to needed health and mental health services;

- courts and the legal system;
- the nonprofit and faith-based communities;
- housing problems;
- quality education;
- critical family services, such as child care and early childhood education;
- access to services that address disproportionality;
- teen pregnancy prevention;
- collaboration among states, cities, and community leaders;
- cooperation between agencies, and the involvement of foundations;
- the biggest problem in your community, city, or state.

In short, the next White House Conference on Children and Youth can help solve some problems for this country's children and families and will give direction on how to address the rest.

We call on the next President and new Congress to convene a White House Conference on Children and Youth in 2010.

## Preventing Child Abuse and Neglect

The U.S. Department of Health and Human Services (HHS) releases the latest national data on child abuse and neglect every April. For 2006, the numbers tell a familiar story: More than 900,000 children were substantiated as abused and or neglected, out of the more than 3.3 million child abuse reports made. Children in the birth to age 1 year had the highest rate of victimization at 24.4 per 1,000 children. Of the estimated 1,530 child fatalities in 2006, 41.1% were attributed to neglect with physical abuse a major contributor to child fatalities.<sup>1</sup>

Of the child victims, nearly 9% were sexually abused, and 16% were physically abused. A consistent annual statistic that surprises some is that nearly 65% of the 900,000 children are victims of neglect.<sup>2</sup> These are children whose mistreatment can be just as serious as those victims of sexual or physical abuse. It also tells us we are not doing enough to prevent these children from coming into care or being brought to the attention of child protective services (CPS).

Another consistent statistic is that of the 900,000 abused and neglected children identified, nearly 40% did not receive follow up services.<sup>3</sup> Reasons for this include the way in which data is collected, how states provide services, and in some instances the reluctance on the part of some families to access services. Still, with such a high and consistent percentage going without follow-up help, clearly services are not being adequately provided at the front end of the child welfare system. For some, that may mean they will return to the system.

Late in 2008, HHS is expected to release the Fourth National Incidence Study of Child Abuse and Neglect (NIS). The last one was published in 1996, and, like that one, this congressionally mandated study is likely to tell us that more children suffer from abuse and neglect than the official statistics indicate. The report will survey professionals from dozens of U.S. counties. The analysis will shed some light on the number of children harmed by abuse and neglect; characteristics of children, families, and perpetrators; report sources; and CPS investigations.

The NIS includes children who were investigated by CPS agencies, but it also obtains data on children seen by community professionals who were not reported to CPS or who were screened out by CPS without investigation. This means NIS estimates provide a more comprehensive measure of the scope of child abuse and neglect known to community professionals, including both abused and neglected children who are in the official statistics and those who are not.

The NIS follows a nationally representative design, which means that the estimates represent the numbers of abused and neglected children in the United States who come to the attention of community professionals. Because all four national studies have used comparable methods and definitions, comparisons can be made about our progress or lack of progress, and this likely will reinforce the need for greater preventive efforts.

Prevention of child abuse and neglect is perhaps the greatest challenge in the continuum of the child welfare system. All too frequently, prevention of abuse and neglect is an add-on service instead of a core component of the range of needed services. The issue of providing or

addressing prevention too often is conditioned on whether a child welfare agency or department can free up appropriations or funds by reducing the cost, including what some would describe as back-end, services typically foster care. In fact, what is required is an investment in the range of services.

Part of the challenge in prevention is how we define and measure it. Prevention can encompass some services as basic as access to child care and a range of other services that can help families reduce the stresses of parenting by providing a needed respite for parents and ensure a child's well-being when parents are working, in school, or caring for other children.

This transition document will not deal in detail with child care except to state that both child care and Head Start funding and services have been inadequately addressed in the past decade. In the coming session of Congress, CWLA will partner with leaders of the Child Care NOW Coalition, including the Woman's National Law Center and the National Association for the Education of Young Children, as they craft a comprehensive proposal to improve both the quality and accessibility of child care. CWLA will also work with the National Head Start Association and other Head Start advocates to expand and strengthen that program and fully implement the most recently enacted reforms. Both of these programs represent a key component of community-based strategies that are necessary to reduce the level of child abuse and child neglect.

Likewise we will withhold comment on the reauthorization of Temporary Assistance for Needy Families (TANF) for a future paper, closer to when that program is required to be reauthorized. When TANF is reauthorized, however, careful examination will be necessary, and attention must be paid to how that block grant can be crafted to ensure the most vulnerable families are assisted; one of TANF's central target populations is the very same families that come to the attention of the child welfare system when all else fails.

Beyond these most critical programs that affect families, we want to focus attention on those programs that have as their mission, at least in part, the prevention of child abuse. The federal government provides some limited funding intended to provide services that can prevent or remedy potential neglect and abuse situations. That funding, however, is limited in both quantity and data.

Title IV-B part 1, Child Welfare Services (CWS), and Title IV-B part 2, Promoting Safe and Stable Families (PSSF), are flexible funding streams that can fund a range of services, some to support families in an effort to prevent abuse, but the data and results are not clearly understood. These funding sources can sometimes fund innovative programs and services that wrap around vulnerable families. Other federal funds, such as the Social Services Block Grant (SSBG), may also help the development of community-based initiatives that have shown promise. More dedicated sources of funding are needed, but with a link to outcomes and evidence of what works.

A number of promising approaches nationwide may use specific approaches, such as home visitation, whereas others, such as Baltimore's Family Connections program, use a range of funding sources from the public, private, faith-based, foundation, and other community partners

to show some significant results. The Family Connections program has shown positive results in reducing the instances of abuse and neglect by using limited federal funds to better coordinate communities and services. As the University of Maryland points out,

*Evaluation results show Family Connections improves protective factors such as parenting skills and attitudes, and reduces risk factors such as parent depression, caregiver drug use, caregiver stress, and children's behavioral problems. The program also demonstrated reduced incidents of child abuse and neglect and increased child safety and well-being.<sup>4</sup>*

The results were enough to encourage HHS to fund eight additional models with initial funding focused on an 11-month community-planning process.

Another promising approach is more specific in its structure: the home visiting model. Home visitation programs refer to different model programs that provide in-home visits to targeted, vulnerable, and new families. Home visitation programs—either stand-alone or center-based—serve at least 400,000 children annually birth to age 5.<sup>5</sup>

The eligible families in these home visitation programs may receive services as early as the prenatal stage. Because a child's early years are the most critical for optimal development and provide the foundation necessary for success in school and life, home visiting can make a lifetime of difference. Nurses and other trained members of the community conduct home visits weekly, bimonthly, or monthly. Program goals include an increase in positive parenting practices, improvement in the health of the entire family, increase in the family's ability to be self-sufficient, and enhanced school readiness for the children.

CWLA recognizes the value of prevention in human and economic terms as well as the great benefit to our nation and to vulnerable families and children. Policies that prevent the need for placing a child in foster care have a human, economic, and moral impact. The challenge is that no simple model exists for prevention of child abuse and child neglect that applies to all. CWLA believes a commitment to preventing child abuse will involve multiple efforts and strategies. Greater investment and support for specific models and programs such as home visitation is one critical part of such a strategy.

Home visitation programs rely on a range of sometimes unstable federal, state, and local funds, including those already referenced here, such as SSBG, CWS, PSSF, and the much smaller Child Abuse Prevent and Treatment Act (CAPTA) state grants and Community-Based Family Resource and support grants.

Other programs that hold promise for prevention include the use differential response. This is a form of practice in child protective services that allows for more than one method of response to reports of child abuse and neglect. Also called *dual track*, *multiple track*, or *alternative response*, this approach recognizes the variation in the nature of reports and the value of responding differentially.

Great variation exists in state and county implementation of differential response, which generally involves low- and moderate-risk cases that receive a non-investigation assessment

response without a formal determination or substantiation of child abuse and neglect. Although states are attempting several approaches in this area, the basic policy difference is in how complaints of abuse and neglect are dealt with and screened into or out of the CPS system. In some instances, responses to reports of child abuse and neglect may result in greater family support and services to address the underlying causes.

In September 2008, the Title V Maternal and Child Health (MCH) Block Grant received the highest possible rating on the White House Office of Management and Budget's Performance Assessment Rating Tool, yet the program is consistently underfunded. Title V is a federal-state partnership that funds a diverse array of programs and services specifically aimed at improving the health of mothers and children, many of whom are vulnerable and in need of prevention or early intervention.

Congress enacted Title V in 1935 as part of the Social Security Act. In 1981, it was converted to a block grant program. It comprises a formula block grant to the states, Special Projects of Regional and National Significant (SPRANS), and Community Integrated Service Systems (CISS) Grants. Together, these streams of care served 33.1 million women and children in FY 2005.<sup>6</sup>

States must use at least 30% of their federal allotment of Title V on preventive or primary care for children, and 30% of their federal allotment on children with special health care needs. Above and beyond these requirements, Title V provides wide flexibility to states to determine the most appropriate use of federal funds, as long as these uses are in line with Title V's overall mission of building the maternal and child health infrastructure.

The Title V MCH services that states offer through local agencies tend to fall into four categories:

- direct health care services;
- enabling services that facilitate access to care, including transportation, health education, and family support services;
- population-based services, including newborn screening, lead screening, and injury prevention; and
- infrastructure building services, such as training, applied research, and the like.

Although the block grant is authorized to receive \$850 million in federal money, the actual appropriations have been much lower. In 2008, actual appropriations for Title V dropped to \$666 million from \$693 million provided in each of the two previous years.

Initiatives that combine the efforts of the courts and the child welfare community also have shown great promise. These initiatives, which provide funds to train key personnel—including judges and child welfare workers involved with the courts, such as court-appointed state

advocates (CASAs) and CPS workers—have yielded positive results in keeping families together and addressing the abuse and neglect of infants and the very young.

The Court Teams for Maltreated Infants and Toddlers Project, spearheaded by ZERO TO THREE, has shown great promise and results; what it lacks is a steady source of dedicated funding that can expand on these efforts.

Another innovation being implemented in some areas, both in terms of CPS and in placement decisions, is family group decision-making and similar models. These family-based models offer an approach of working with families and communities involved with the child welfare system. Families are engaged and empowered by child welfare agencies to make decisions and develop plans that protect and nurture their children from enduring further abuse and neglect. The family group decision-making approach recognizes that families are the experts of their own situations and therefore are often able to make well-informed decisions about their circumstances with the support of family members and others who have worked with the family.

The Fostering Connections Act offers some limited national grants to advance the use of family group decision-making, but very limited funding sources exist for most these initiatives. In addition to providing designated funds for home visitation, some flexibility needs to be built into the funds provided through Title IV-E foster care and adoption assistance. This flexibility should be tied to measurable outcomes and data.

The Partnership to Protect Children and Strengthen Families offers a proposal that would allow flexible use of Title IV-E foster care funds, whereas a proposal included in legislation offered by Representative Jim McDermott (H.R. 5466) during the 110th Congress would allow the flexible use of these funds, provided a state can document the areas of improvement and outcome measures.

### *Child Abuse Prevention Treatment Act (CAPTA) and the Social Services Block Grant (SSBG)*

Child protection can trace its origins to the 19th Century when, in 1875, the Society for the Prevention of Cruelty to Children was established in New York City. After publicity surrounding the treatment of a young child captured the public's attention, the President of the American Society for the Prevention and Cruelty to Animals was approached and, as a result of his support, existing state legislation to protect children was vigorously enforced for the first time. Other states and jurisdictions would eventually follow by enacting their own laws. In 1899, Illinois became the first state to create a juvenile court to address issues of dependence, delinquency, and neglect. By 1907, 26 states had followed with their own juvenile court laws.<sup>7</sup>

The first White House Conference on Children was convened in 1909; one of the results of that conference was the creation of a Children's Bureau at the federal level. Part of the mission of the new bureau, at the urging of the White House Conference, was to "investigate and report on all matters relating to the welfare of children and child life among all classes of people."<sup>8</sup>

Throughout the following decades, other federal and state laws were enacted, but in 1960, Dr. C. Henry Kempe’s work on “battered child syndrome” raised the importance of communities in their efforts to protect children and led the medical community to improve methods of identifying and protecting children from abuse. In 1974, Congress passed the first Child Abuse Prevention and Treatment Act (CAPTA). That landmark law helped establish national standards for specific reporting and response practices for states to include into their child protection laws.

CAPTA is the only federal legislation exclusively dedicated to preventing, assessing, identifying, and treating child abuse and neglect—the continuum of child maltreatment services and supports. Since 1974, CAPTA has been part of the federal government’s effort to help states and communities improve their practices in preventing and treating child abuse and neglect. CAPTA provides grants to states to support infrastructure and innovations in state child protective services (CPS).

CAPTA includes three programs:

- CAPTA authorizes grants to the states to develop innovative approaches to improve CPS their systems. To qualify for these grants, states must meet eligibility requirements, such as having mandatory reporting laws, preserving victim confidentiality, appointing guardians ad litem, and establishing citizen review panels.
- CAPTA discretionary funds support state efforts to improve their practices in preventing and treating child abuse and neglect. These funds support program development, research, training, technical assistance, and the collection and dissemination of data to advance the prevention and treatment of child abuse and neglect. These funds also support the National Child Abuse and Neglect Data System, the only federal data collection effort to determine the scope of child abuse and neglect. These funds support national initiatives, such as the National Office of Child Abuse and Neglect, the National Resource Center on Child Maltreatment, and the National Clearinghouse on Child Abuse and Neglect.
- The Community-Based Family Resource and Support Program was created in 1996 by combining two other programs. The program provides grants to states to support their efforts to develop, operate, and expand a network of community-based, prevention-focused family resource and support programs that coordinate resources among a range of existing public and private organizations. Funding is allocated to states by a formula based on the number of children in a state’s population.

As significant as it is, CAPTA is only one part of the child welfare system. Other important laws that play a direct or indirect role in child protective services include the 1935 Social Security Act, which included Aid to Dependent Children, which required public agencies to provide child welfare services to protect children who were neglected, dependent, homeless or in danger of becoming delinquent. Later changes were made to that law as it became Aid to Families with Dependent Children (AFDC), and states were required to provide for children in foster care. The Social Services entitlement was a source of funds to states to address some of the support

services that might help families leave AFDC; it also served as the major source of funds for state CPS systems. In 1981, this funding became SSBG, Title XX of the Social Security Act.

Overall, SSBG is a major source of federal funding that addresses the needs of vulnerable children and youth. SSBG represents 11% of federal funding for child welfare services.<sup>9</sup> SSBG frequently serves as a link between government funding and private and charitable sources and helps build and fund a network of private agencies. SSBG funds supplement local and charitable efforts by providing federal dollars to fill a gap these charities may not be able to meet. The breadth of services provided by SSBG funds can also cover shortfalls left by other federal social services programs.

When SSBG was converted from a matching entitlement fund to a capped federal block grant to states in 1981, states were free to decide whom to serve and what services to provide. As a capped entitlement, SSBG funding was intended to bypass the annual appropriations process and automatically provide the level of funds set in the statute--\$2.8 billion. Congress, however, reduced funding to \$2.3 billion when the Temporary Assistance for Needy Families (TANF) block grant was created in 1996. Although funding was to be restored to \$2.8 billion by 2003, it was reduced again to \$1.9 billion in FY 1999, and to \$1.7 billion in FY 2000. The \$1.7 billion total is what is currently in law. In 2005, SSBG was used as a major funding source for hurricane relief, with Congress allocating an additional \$550 million in SSBG solely for that purpose.

The White House's federal budgets for FY 2007, 2008, and 2009, included proposals, ultimately, rejected by the Congress, to cut funding by 30% or \$500 million. Recent directives from the Administration to state officials have attempted to restrict the initial planning and use of SSBG, directing states to assume the administration's proposed SSBG cuts.

Although states can use SSBG funds for an array of social services, such as child care or services for the aging, child welfare services receive more of these funds than any other service area. In FY 2006, child protection and foster care services each accounted for 24% of SSBG expenditures. Thirty-eight states used SSBG funds to support child protection services; 37 used SSBG to provide foster care.

## ***Recommendations***

### ***Short-Term***

The new Administration should:

- Based on the Fostering Connections Act, help states in their use of the new Family Connections funds in expanding the use of family group decision-making.
- Based on the Fostering Connections Act, help states in the expanded use of Title IV-E training funds as they now apply to the training of court personnel, including members and staff of abuse and neglect courts, CASAs, and others to train key personnel in prevention and successful intervention programs, such as ZERO TO THREE Family Drug Treatment Court and other Model Court-Community Partnerships.

- Under the Fostering Connections Act, issue regulations that are expansive and broad in defining the coverage of Title IV-E training funds as it applies to court-related personnel.
- Discontinue the requirement that states plan their SSBG allotments based on proposed budget cuts. This directive to states can require some local governments to plan their SSBG spending based on cuts that Congress has never approved.

### *Long-Term*

Congress and the new Administration should:

- Enact legislation to fund home visitation programs similar to the Education Begins At Home Act introduced in the 110th Congress.
- Enact legislation that will capture the vision of President-Elect Obama's "promise neighborhoods" by providing targeted federal funds that will encourage the development of programs such as Baltimore's Family Connections program, the Harlem Children's Zone, and other neighborhood-based projects. These projects should require an extensive community-planning process involving public, private, and faith-based agencies, as well as foundations. Any project must be tied to specific community-designed data and outcome measures.
- Amend Title IV-B State Court funding to provide \$5 million in mandatory funds to create a National Court Teams Resource Center, as proposed under the Safe Babies Act of 2007.
- Add flexibility to the use of Title IV-E funds for the purpose of preventing or intervening to prevent child abuse, and link the use of funds to state or community-based measurable outcomes and data.
- Fully fund at their authorized levels programs including Promoting Safe and Stable Families and Child Welfare Services and strengthen the programs by gradually developing methodology and data that can show results and how funds are invested.
- Fully fund at its authorized level CAPTA at \$280 million. This funding would be for CAPTA state grants, discretionary grants and the Community-Based grants. Although this amount of funding cannot address all prevention or CPS needs, it will create a greater urgency in implementing the mandates under CAPTA.
- Fully fund at its authorized level Title V, Maternal and Child Health at \$850 million.
- Restore SSBG funding to no less than \$2.3 billion, with a phased-in increase, restoring SSBG as enacted in the 1996 TANF Act.

- Direct funding to child fatality research and a meta-analysis of existing information from state child fatality reviews to examine case characteristics, case practice, and systemic issues when children die from abuse and neglect.
- Enact legislation similar to the 2008 Child Welfare Workforce Improvement Act that would fund a study by the National Academy of Sciences on workforce that would include a study of challenges and strategies as they relate to child welfare, and make recommendations regarding caseload standards and the use of data to expand research, training, and demonstration projects. Ensure that such a study includes workers involved with CPS and those considered to be part of front-end of services.

## **Permanency for Children and Families Through Reunification, Kinship Care, and Adoption**

### **Foster Care and Strengthening Permanency**

#### *ASFA and Permanency*

The Adoption and Safe Families Act (ASFA, P.L. 105-89) was enacted in 1997 to ensure safety and expedite permanency for children in the child welfare system. One of its primary missions was to ensure children did not remain in foster care for too long and that children ended up in permanent and safe families.

States took the timeframes for moving children out of foster care seriously. They enacted new legislation and promulgated regulations to expedite permanency, consistent with ASFA. Generally, jurisdictions moved toward holding permanency hearings sooner, often practicing some type of concurrent planning, and establishing a more expedited track for filing petitions to terminate parental rights when reunification was not possible or appropriate. The length of time before deciding on a permanency plan was also reduced.

The most positive and obvious outcome was an increase in the number of legalized adoptions. The annual number of adoptions increased by 57% between 1998 and 2001, with the numbers rising from 37,000 in 1998 to more than 50,000 in 2001.<sup>10</sup> These initial numbers were much larger than originally projected. Since that rapid increase in adoptions, the national numbers have remained in the range of 51,000 adoptions per year, with older children (over 8 years) representing a disproportionate share of children waiting to be adopted. In addition to promoting adoption, ASFA recognized kinship care as another option for providing children permanent families and moving them out of foster care. ASFA, however, did not provide funding for such placements.

Reunification is the first permanency option state and local child welfare agencies consider for children entering care. Yet, in many ways, it is the most challenging, 49% (248,054) had a case plan goal of reunification with their parents or other principal caretaker, whereas 53% (154,103) of the children who exited care during FY 2006 returned to their parents' or caretakers' home. In 2002, reunification was at 56%.<sup>11</sup>

Successful permanency through reunification requires many things, including, at minimum, skilled caseworkers, readily available support and treatment resources, clear expectations and service plans, and excellent collaboration across involved agencies. We address worker skills as well as the need for accessible and culturally appropriate support and treatment services for families with children later in this document. This document also addresses the critical need for aftercare or post-permanency services to ensure safety and permanency following reunification.

Perhaps as a result of ASFA, some jurisdictions have noted additional practice improvements, with an increased use of family-based approaches and interventions, including family group

conferencing, family mediation, and Family-to-Family and other neighborhood and local agency-based foster care approaches. These approaches stress nonadversarial, collaborative efforts to achieve permanency for children.

Similarly, there is greater use of voluntary relinquishment and open adoption, especially in conjunction with concurrent planning and foster parent adoption. To achieve timely permanency for children, many jurisdictions have seen an increased and continuing focus on collaboration between public and private agencies and across systems.

Family preservation services also can be effective if implemented in a planned way. These programs are comprehensive, short-term, intensive services for families. Services are delivered primarily in the home and designed to prevent unnecessary out-of-home placement of children. The intent is to protect a child in a home where allegations of child abuse or neglect have occurred, prevent subsequent abuse or neglect, prevent placement of a child, or reduce the stay for a child in out-of-home care. The families in need are usually referred by public welfare agencies to private agencies. Services are provided within 24 hours of referral; the family's involvement is voluntary. This support may include family therapy, budgeting, nutrition, and parenting skills.

A recent update of research on the Homebuilders family preservation model showed some promising findings. Conducted by the Washington Institute for Public Policy, the update looked at that body of research that found family preservation to have no overall effect. The institute pulled out those programs that followed the Homebuilders model and found significant savings and impact, with a savings of \$2.59 for each dollar spent.

Homebuilders is the original family preservation program. It adheres to strict standards, including very limited caseloads, caseworkers being available to families 24/7 for a limited number of weeks, and specified education and background for caseworkers. Some family preservation models, which seek to intervene intensively where a child is close to being removed, have been criticized as having no effect.<sup>12</sup>

Juvenile and family courts play an integral role in protecting children who have been abused or neglected. Through federal and state statutes, state courts are required to oversee the protection of children and ensure the child welfare agency meets reasonable efforts and permanency planning requirements. The state courts also must periodically review case plans of and service delivery to children under their jurisdiction. To be effective, the courts must understand the dynamics of child abuse and neglect and the purpose of child protective services.

Juvenile and family courts are special statutory courts that, among other duties, adjudicate cases in which the child's need for protection by the state is at issue. These courts are protective in nature but judicial in function, bound by the rules of evidence, and inherently adversarial.

Juvenile and family courts should ensure the legal and constitutional rights of both parents and children are duly considered and protected and are presided over by a judge who has received specialized training in child welfare and juvenile matters and is specially assigned to hear such

cases regularly. They also appoint specially trained guardians ad litem or CASAs to represent the best interests of the child, appoint attorneys for parents if they are unable to afford one, and protect the due process rights of all parties.

In best practice, the same judge hears all judicial matters related to the same child, including emergency placement, adjudication and disposition, foster care review, custody, and termination of parental rights. The judge also coordinates proceedings with those in other courts that involve the child under the jurisdiction of the court, and minimize the trauma to a child who is involved in multiple court actions. The court can expedite custody and termination of parental rights hearings, where indicated, so the child can gain permanency.

### *Role of Foster Care in Permanency*

Out-of-home care, commonly referred to as foster care, refers to children in the child welfare system who are placed away from their homes when their parents or other primary caregivers are unwilling or unable to provide care and safety. Although the child welfare system's primary concern is the well-being of children and maintaining them in their own homes, out-of-home placements must be used when the risk of abuse and neglect makes it impossible for children to remain safely with their families. The most common types of out-of-home care are family foster care, kinship care, therapeutic or treatment foster care, and group and residential care.

Residential group care encompasses an array of services for children with pronounced special needs. Residential services are highly flexible and provide for varying lengths of stay, based on individual needs. Length of stay may range from a short respite due to tense family situations, to long-term therapy for problems such as drug or alcohol addiction. Although long-term stays in family-like community-based group homes best serve some children's needs, residential group care is usually a temporary placement. Many children in residential care have emotional or physical conditions that require intensive, onsite therapy; others receive services from day treatment programs in their communities.

Family foster care should be a planned, goal-directed service in which the temporary protection and nurturing of children take place in the homes of agency-approved foster families. Most children in family foster care return safely to their birth families. Those children who become free for adoption eventually may be adopted by their foster parents. The needs of the child in family foster care for treatment services should be met within a family foster care setting when this arrangement is in the best interests of the child.

A growing number of children in out-of-home care require treatment services to meet their individual medical and behavioral needs. Some needs may be met by services such as day treatment, but for children in family foster care whose treatment needs would in years past have required group care or residential treatment, the services inherent in treatment foster care have become a critical component in a comprehensive service system. Treatment foster care, also known as therapeutic foster care, combines the benefits of the protection, support, and nurturing of a family foster care setting with the benefits of treatment services provided by specially trained, highly qualified, and intensively supervised foster parents.<sup>13</sup>

Foster care is a critical service in the child welfare system for vulnerable children and their families. As is the case in other parts of our nation's child welfare system, this one service cannot address all the challenges as we confront child abuse and neglect. It represents one part of a comprehensive system of support, from prevention to early intervention services to reaching the goal of permanency for children, including reunification, adoption, or kinship care, along with the accompanying services and supports for each of these families.

We know the statistics on foster care: On September 30, 2006, 510,000 children were in foster care, with an average stay of 15.5 months. Over the course of a year, nearly 800,000 children will spend time in foster care. In 2006, 303,000 children entered foster care, and 289,000 exited care. That year, 9% of those in care—26,428 young people—left care because they aged out: They turned 18 and were thus too old to be covered by federal or state foster care programs.<sup>14</sup>

Advocates argue frequently that foster care is broken, as a way to promote improvements. Examples of failures in the system abound. A 2005 study of foster care alumni (adults who had been in care as children) found some disturbing trends. For instance, a disproportionate share was suffering mental health disorders, including 25% with post-traumatic stress—a rate nearly twice that of U.S. war veterans. The study found 65% of the survey alumni had experienced seven or more school changes from kindergarten through grade 12.<sup>15</sup>

Although this and other studies highlight the failings of the system—and of the country to do better for children in care—they cannot tell us what would have happened to these children if care had not been available. As a further analysis by the primary author of the alumni study pointed out in a separate paper:

*The Northwest Alumni study documented a number of areas where program refinements are needed in helping youth develop positive social support networks, complete educational programs, and obtain jobs with a living wage and health care benefits. While some program critics have chosen to focus exclusively on the negative outcomes of foster care, substantial numbers of alumni are coping well as adults. Many alumni told the interviewers that, had they not been placed in out-of-home care, their outcomes could have been significantly worse.*<sup>16</sup>

In those situations where no other option but removal is available, we must have a system in place that can guarantee safety and the services that will ultimately lead to permanence for foster children.

In another 2008 study, comparing public foster care services to a program that provided enhanced services, the results showed that as adults children coming from the enhanced service foster care program experience significantly fewer mental health disorders, such as depression, anxiety disorders, and substance abuse. They also had lower incidents of some health disorders, such as ulcers and heart problems. The enhanced foster care program cost more because caseworkers had higher education levels, lower caseloads, and greater access to services for foster children, including mental health counseling, tutoring, and summer camps. Youth leaving care also received increase supports; foster parents in the study had greater financial, resource and caseworker supports.<sup>17</sup>

Perhaps the system or that foster care isn't broken but that it lacks the necessary support at all levels to make it into an important part of a continuum of care for some of the 900,000 children who are substantiated as abused and neglected each year. The goal of foster care in this continuum is to protect and nurture children who are placed in care. While that happens, foster care must meet the physical, mental health, developmental, social, and educational needs of children in care; support the relationships between children and their families; and, as part of a plan for permanency, connect children to safe and nurturing relationships intended to last a lifetime.

### *The Challenges*

The challenges to making foster care into what it should be are numerous. Some, such as addressing the child welfare workforce and the educational and health needs of children in care, are more fully addressed in other sections of this transition paper. But the next Administration and Congress must address several other challenges as well.

The most glaring deficiency in foster care and in strengthening permanency is the financing of foster care. The current eligibility requirements conditions a child's eligibility for federal foster care funding on whether the child was removed from a family that would have been eligible for the nonexistent AFDC cash assistance program as it existed on July 16, 1996. As CWLA indicated in its annual study of this outdated formula, "In 1998, well over half of the children entering foster care—55% by our analysis—qualified for federal assistance. In 2006, slightly more than 42% qualified—a 23% decline."<sup>18</sup>

This decline in federal funding gradually shifts the cost of foster care more to the states and private agencies that serve these children. Title IV-E foster care is intended as a federal matching program in which expenses are shared with states, but over time the erosion of eligibility means the federal government is becoming less of a partner. That means less support not just for foster children and families, but less for caseworker support. Ultimately, state budgets may pull from other child welfare areas such as prevention and family support to make up for a shrinking pool of funds.

The ultimate goal of better-funded foster care is a new casework model for child welfare services that is grounded in best practice and supported largely by more resources in both Title IV-B and a more flexible IV-E federal funding source. We need to strengthen a system that will result in more skilled workers, trauma-based care and services, lower and redefined casework responsibility, and treatment-focused foster care services.

This limited federal eligibility also means less than half the casework and caseworkers are supported by federal funds. This adds to the workforce challenge, which ultimately leads to less support for foster families and children in foster care. It also undercuts the ability to recruit more foster families into to the system.

The need exists to recruit more foster parents and provide greater support through better rates and more casework support. The recent report, *Hitting the M.A.R.C.* documents a diversity of rates and methodology in setting those rates with national rates generally being 36% below what

was calculated as needed to meet what was determined to be minimum adequate rates.<sup>19</sup> Inadequate rates affect the ability to recruit and retain skilled families, likely increase financial stress, and directly affect the quality of care.

Successful family reunification requires some of the same services used to implement a successful family preservation approach: small caseloads; access to services, including health, mental health, and substance abuse treatment; counseling; and sound best practice. Support for reunification is limited. Only one federal funding source, PSSF, allocates a portion of its \$370 million for reunification services. Other reunification services may have to be drawn from other programs or sources, including some of the case management costs that may be drawn from the administrative costs under Title IV-E foster care. Once a child has been reunified with his or her family, access to aftercare may be limited since Title IV-E funds provide for support only when a child is in foster care, not after.

We also have limited research in regard to the most effective and best practices in achieving permanent reunification.

## ***Recommendations***

### ***Short-term***

The new Administration should:

- Include increased technical assistance and training to states in strategies to recruit more foster parents.

Congress and the new Administration should:

- Declare a month in honor of reunification, following the lead of at least one state, and consistent with April being Prevent Child Abuse Month; May, Foster Care Month; and November, Adoption Month.

### ***Long-term***

Congress and the new Administration should:

- Eliminate the current eligibility link between Title IV-E foster care and AFDC. Federal eligibility should extend to all children in foster care. If covering all children at once is not possible, eligibility could be phased in, allowing full coverage based on the age of the child or when children enter care, similar to the phase-in of adoption assistance under the Fostering Connections Act.
- Strengthen current funding dedicated to reunification services. Although regulations through PSSF require at least 20% of funds to be designated for reunification services, little information exists about how these dollars are spent or allocated, or if 20% of funding is going to reunification.

- Extend Title IV-E funding to aftercare follow-up services, with this added flexible use of funding linked to outcome-based data and new research that could lead to evidence-based practices.
- Provide funding to research and analysis of best reunification practices.
- Require state plans to include a description of the methodology used to set foster care reimbursement rates.

## **Kinship Care and Strengthening Permanency**

### *Kinship Care and ASFA*

The primary goal of ASFA when it was enacted in 1997 was to ensure safety and expedite permanency for children in the child welfare system. This goal has been achieved in part. The most positive outcome appears to be an increase in the number of legalized adoptions, but there are other important developments as well.

As indicated earlier, states have taken the ASFA timeframes seriously. In addition to the permanency option of reunification and adoption, the traditional notion of permanency has been broadened in some states and localities. This includes states increasingly turning to relatives as a permanency option, and making relatives part of the permanency process. Since ASFA, several states have launched initiatives in the areas of guardianship and kinship support. Some states are working to relieve relative burdens by using mediation and financial support to address relatives' needs, including guardianship programs and kinship assistance (subsidized and unsubsidized).

Although ASFA recognized placements with relatives or legal guardians as permanency options for children in foster care, the federal government failed to make funds available on a continuing basis to help those relatives care for the children.

Through 2008, states working with private agencies have used a variety of sources to fund subsidized guardianship placements for children. Since 1996, some states have received federal funding through a Title IV-E child welfare waiver to provide support for guardians of children who have been in foster care previously. The waivers have allowed states to use Title IV-E foster care funds for kinship and guardianship placements if states can provide the services without the federal government incurring any additional costs over a five-year period. States also rely on other sources of federal funding to support these placements, including TANF and SSBG. Other states have relied exclusively on state and local funds.

Kinship care is a situation in which an adult family member, such as a grandparent, aunt, uncle, or other relative, provides a caring home for a child who is not able to live with his or her parents. The practice is not new, but it is growing partly because repeated studies and CWLA Best Practice Guidelines have demonstrated the value of placing children with relatives when appropriate. The financial difficulties many relatives experience, however, threaten this practice.

Subsidized guardianship is another important permanency option for relatives who care for children. The number of states implementing guardianship programs reflects growing national interest in using guardianship as an alternative permanency option for some children in foster care, particularly for children who are placed with relatives, who cannot be safely reunified with birth parents, and who cannot or do not wish to be adopted.

Kinship care and subsidized guardianship programs allow qualified relatives or nonrelatives to step in to provide care, which they may not have been able to provide otherwise because of the financial burdens such a role requires. Additionally, these relative placements may offer emotional and cultural benefits to children who cannot return safely to their parents and for whom adoption is not appropriate.

Recognizing the successes some states and agencies have accomplished in the increased use of kinship care, Congress in 2008 changed the funding structure of Title IV-E, allowing states the option of extending these funds to kin families. The Fostering Connections Act is not as expansive as some of the earlier kinship care legislation, but it makes some significant improvements in the use of Title IV-E funds. States must still have the same foster care (nonsafety) licensing requirements in place, but the new law strengthens legislative and federal intent that states can suspend nonsafety and health licensing to facilitate and support kinship care. The new law will also require a child to be IV-E eligible and in state custody, and the possibility of adoption and reunification must be ruled out. The law also changes the nature of some of the case planning and, hopefully, the provision of support services.

The Fostering Connections Act also includes several other improvements that have been a part of earlier kinship legislation. All states will be required to have in place a notification process for relatives when a child comes in to care.

Finally the law also establishes a new mandatory fund of \$15 million in Family Connections Grants. These funds, at least in part, will go to encourage the development and expansion of kinship navigator programs. These programs, intended to support kin families of all backgrounds and economic makeup, are growing in popularity. Under the expanded use of Title IV-E training funding stream, states will be able to use these same training funds for kin parents.

These new funds can also be applied to projects that use family-finding models. Many jurisdictions used these initiatives as a tool to find relatives of children in care. Through the use of modern technology, including the Internet, some programs have shown great success in matching foster children with extended family members.

Some areas still need to be addressed. While Title IV-E funding can extend to kinship families, for these families, as well as foster families, the eligibility is still tied to the AFDC cash assistance program standard of July 1996. The law also directs HHS to conduct a study of the effect of licensing requirements, state use of the waiver process, how many homes are licensed or unlicensed, and how legislative or other action can increase kinship licensing while improving permanence and well-being.

## **Recommendations**

### *Short-term*

The new Administration should:

- Act quickly to provide guidance and, if needed, regulation to facilitate the states' ability to convert current kinship programs to Title IV-E kinship programs.
- Issue regulations and guidance that is flexible and encourages states to use their waiver authority in the application of licensing requirements that adheres to health and safety of children while assisting in kinship placements.

### *Long-term*

Congress and the new Administration should:

- Follow through with the total elimination of the Title IV-E link to the July 1996 AFDC eligibility standard.
- Follow the progress and expansion of kinship navigator programs and family-finding programs that result from the Family Connections Grants and determine whether the success of these efforts demand significant increases in funding.

## **Strengthening Adoptions from the Child Welfare System**

Adoption has long been a vital service for children who need families, bringing children whose birth parents cannot or will not be able to provide for them together with nurturing adults who seek to build or add to their families. Although approximately 3% of the U.S. population is adopted, adoption touches the lives of many more people.<sup>20</sup> In fact, a recent survey indicates 47% of adults have been touched by adoption in some way.<sup>21</sup>

CWLA published the first professional standards to guide adoption agencies in 1938. Since then, families choosing to adopt have become increasingly diverse. A growing number of foster families, families of color, older individuals, families with children, two-parent working families, single parents (both male and female), gay and lesbian couples, families with modest incomes, individuals with physical disabilities, and families of all education levels, religious persuasions, and from all parts of the country now adopt. These individuals and families have one important characteristic in common, however: They are willing and able to make a lifelong commitment to protect and nurture a child not born to them by providing that child a safe and loving family.

CWLA's focus has been the adoption of children from the child welfare system. More than 124,000 children in the child welfare system are classified as "waiting to be adopted." In many states, that means parental rights have been terminated. In other states, the process may be somewhat different, and parental rights have not been ended, but the state has determined that the child cannot be reunified with the birth parents and the route to permanency is adoption.

Of the children waiting to be adopted from foster care, a disproportionate number are from minority populations. National statistics generally follow the data from the most recent year, 2006: 32% were black non-Hispanic, 38% were white non-Hispanic, 20% were Hispanic, 4% were mixed race non-Hispanic, 2% were Native American or Alaska Native non-Hispanic.<sup>22</sup> This disproportionality or over-representation of certain ethnic or racial groups can be more pronounced in certain parts of the country. For example, a state with a greater Native American population will show greater disproportionality than the national data indicates.

### *Federal Support for Permanency through Adoption*

The Title IV-E Adoption Assistance program is the primary federal support for adopting children from foster care, as it provides subsidies to eligible families who adopt children with special needs (as defined by the state) from the foster care system. In FY 2009, the federal government will provide a projected \$2.2 billion for adoption assistance payments, services, and administrative costs associated with placing children in adoptive homes. In 2009, adoption assistance payments will assist an average of 427,000 children a month.<sup>23</sup>

Currently, children's eligibility for Title IV-E Adoption Assistance is linked to the outdated 1996 AFDC eligibility standards. If a child was removed from a home that would have been eligible for AFDC as it existed on July 16, 1996, that child's adoptive family may be eligible for special-needs adoption assistance. Congress changed this requirement in 2008, with the reforms enacted through the Fostering Connections Act. This new law will slowly repeal the link to AFDC and tie eligibility to federal funds to a child's special-needs status. If a state generates any savings in state dollars due to broader federal support for special-needs adoptions, that state must maintain that level of spending (maintenance of effort or MOE) and reinvest it in Title IV-B child welfare services.

Adoption Incentives is another adoption program first enacted as part of ASFA in 1997 to promote greater permanence for children. The Adoption Incentive Program is designed to encourage states to finalize adoptions of children from foster care, with incentives tied to the number of adoptions of special-needs children in foster care. In 2003, Congress reauthorized this program to provide larger incentives to adopt special-needs children and older children, defined as a child 9 years or older.

In 2006, the median age of children waiting to be adopted was 8.2 years. Of these children, 4% were younger than 1 year, 33% were ages 1–5, 25% were ages 6–10, 29% were 11–15, and 8% were 16–17. When one examines the total number of children waiting to be adopted and breaks out what percentage falls under the category of older children, ages 9–18, between 2002 and 2005, 27 states reduced the percentage of older children waiting to be adopted, although most were by small percentages. The percentage of older children waiting to be adopted ranged from a state low of 26% to a high of 62%.<sup>24</sup>

All states have received adoption incentive payments during at least one year since 1998. Many states experienced their greatest increases in adoptions from 1997 to 1999, the initial years incentives were available. As states successfully reduced the number of waiting children in their child welfare systems, however, the effort became more and more difficult each year. The

number of children adopted from foster care has increased from 28,000 in 1996, to 31,000 in 1997, 37,000 in 1998, 47,000 in 1999, and between 51,000 and 52,000 from 2000 through 2007.<sup>25</sup>

The Fostering Connections Act extends the Incentive Program again and adds a smaller adoption incentive for states that increase their adoptions above a certain rate. This was enacted to address those states that may have falling foster care caseloads and fewer children available for adoption. These states may still have more adoptions, but the actual numbers may not demonstrate that. The new law also expands the incentive for both special-needs and older-child adoptions, with an increase in the number of older-child adoptions resulting in an \$8,000 incentive per child.

Other smaller adoption programs include the Adoption Opportunities Program, which provides discretionary grants for demonstration projects that promote special needs and minority adoptions, and that provide post-adoption services. Funding for this initiative has generally remained at the \$27 million mark since 2003. Examples of Adoption Opportunities recipients include the National Resource Center on Special Needs Adoption and the National Adoption and Foster Care Recruitment Campaign.

#### *Adoption Challenges in 2009*

Due to differing state requirements and standards (including the contents of home studies and training of parents), adoptions across state lines generally take longer than adoptions within a state. For a child to be placed with an adoptive or foster family in another state, the state requesting that adoptive placement must request the family's state of residence to conduct a home study of the prospective adoptive family. This can take a long time and delay the adoption. The Interstate Compact on the Placement of Children (ICPC), an agreement drawn up and governed by states, oversees these interstate procedures. A new compact has been drafted, and states are in the process of adopting the new ICPC, which was originally agreed to more than 40 years ago.

In 2006, Congress approved the Safe and Timely Interstate Placement of Foster Children Act (P.L. 109-239). Although the legislation does not supersede the ICPC, it was intended to speed up the placement of adoptive children and children in foster care across state lines. It requires a state receiving a request to place a child for adoption or foster care to conduct a home study within 60 days. The state making the request must respond within 14 days of receiving the home study results. The law has broad definitions and exclusions of how states calculate these time requirements. The law establishes a small incentive fund to states that provides \$1,500 for every home study completed within a 30-day timeframe. Since enactment, however, this incentive fund has never been funded.

Most federal adoption support has been targeted toward promoting adoptions. As time passes and adoptive families increase, there is a corresponding need to address, through post-adoption services, some of the challenges that may surface in later years for these families. The most common post-adoption services include support groups, crisis intervention, child and family advocacy, adoption searches, case management, family therapy, mental health treatment, respite care, and targeted case management. Some adoption agencies also provide chemical abuse

treatment, day treatment, and intensive in-home supervision, indicating a strong commitment to making adoption placements work.

Funding for these important services has been drawn from a mix of federal, state, local, and private agency efforts and private funds. In a 2006 survey of CWLA member agencies, more than a third of respondents reported using contract money through the state or county child welfare agency to support these services. Other government funding includes TANF, Adoption Incentive grants, Adoption Opportunities grants, Medicaid, and state mental health funding.

For the remaining agencies, funding appears to be challenging, with many using funding sources other than public agency contracts or funds to pay for their post-adoption services. A few agencies receive small grants from foundations to pay for programs. Some charge families for post-adoption services, using a sliding scale based on family income. More than two-thirds of agencies surveyed support these services independently because they either have no outside funding, or the funding does not cover the total cost of services. As the number of special-needs adoptions increases, so will the need for post-adoption services.

An important backdrop to the issue of adoptions from foster care is the overrepresentation of children of color. Key to this debate is the enactment of the Multiethnic Placement Act (MEPA) in 1994. The debate in 1994 was that children were being denied placements due to an over reliance on policies that took into account the racial and ethnic makeup of the prospective adoptive family. MEPA prohibited the use of a child's or prospective parent's race, color, or national origin to delay or deny the child's placement, and required diligent efforts to expand the number of racially and ethnically diverse foster and adoptive parents. MEPA was amended two years later to clarify its intent.

As summarized by the American Bar Association, MEPA requires three basic actions by states:

- prohibit states and other entities that are involved in foster care or adoption placements from delaying or denying a child's foster care or adoptive placement on the basis of the child's or the prospective parent's race, color, or national origin;
- prohibit states from denying to any individual the opportunity to become a foster or adoptive parent on the basis of the prospective parent's or the child's race, color, or national origin; and
- require that, to remain eligible for federal assistance for their child welfare programs, states must diligently recruit foster and adoptive parents who reflect the racial and ethnic diversity of the children in the state who need foster and adoptive homes.<sup>26</sup>

CWLA firmly believes the best interest of the child must be paramount in any decisions that surround placement and services. The CWLA *Standards of Excellence for Adoption Services* highlight certain key principles, including:

- When consistent with the child’s best interest, the agency providing adoption services should honor the birth parents’ request that a family of the same race or ethnic background adopt the child. The child’s adoption, however, should not be denied or delayed if the agency is unable to recruit adoptive parents of the child’s race or culture and adoptive parents of other cultural or racial groups are available.
- All children deserve to be raised in a family that respects their cultural heritage.
- In any adoption plan, the best interests of the child should be paramount.
- All decisions should be based on the needs of the individual child. If aggressive, ongoing recruitment efforts are unsuccessful in finding families of the same race or culture as the child, other families should be considered to ensure the child’s adoptive placement is not delayed.
- Assessment and preparation of a child for a transracial/transcultural adoption should recognize the importance of culture and race to the child and his or her experiences and identifications. The adoptive family should demonstrate an awareness of and sensitivity to the cultural resources that may be needed after placement.<sup>27</sup>

The Evan B Donaldson Institute conducted a study in 2008, *Finding Families for African American Children*, which criticized the impact of MEPA, arguing its enforcement can interfere with best practices and the best interests of the child. The study also concluded those parts of the law that require diligent recruitment of minority parents had not been enforced.<sup>28</sup>

The challenges MEPA seeks to address cannot be met without a comprehensive approach to the challenges we face in the child welfare system, but there can be clearer instruction and guidance to states and agencies to assist in minority family recruitment. In addition, guidance and enforcement from HHS should not hinder innovation in recruitment and placement. Certainly, agencies or state child welfare systems should not fear serving the best interests of children and prospective families due to HHS’s interpretations of MEPA.

## **Recommendations**

### *Short-term*

The new Administration should:

- In issuing guidance and regulations implementing the new adoption provisions, encourage states to reinvest any MOE funds generated by the phase-out of the AFDC link to be redirected toward post-adoption services.
- Focus special attention on helping states develop and implement strategies to recruit more minority families for adoption and clarify that MEPA does not discourage such efforts.

- Focus greater attention on efforts and strategies that will facilitate the adoption of older children.

### *Long-term*

Congress and the new Administration should:

- Reauthorize and increase funding to the Adoption Opportunities program, and place a greater emphasis on spending appropriated dollars on proposals and programs that will extend post-adoption services and advance the recruitment of minority parents.
- In extending the adoption tax credit, examine ways in which this tax benefit can focus more of its target audience on lower- and middle-income families who are adopting.

## **Education and Children in Care**

Schools should serve as a source of stability for a child in foster care. A child placed in foster care may have to move to a new neighborhood, which can mean the child has to adjust to a new home as well as a new school. A new school may mean a delay in enrollment because of required health and immunization records, and grades may not be readily available. A school transfer may take place in the middle of a school year, disrupting a foster child's classes and breaking relationships with teachers, friends, and other peers, which adds to the level of stress. A foster child leaving these attachments behind will also be confronting the stresses of new teachers, friends, and curricula.

Although some foster children may be best-served by remaining in the same school despite being moved out of that district, this in fact may not always be an option for the child and foster parent. This option may exist in other instances, but services that would make this possible, such as bus transportation or covering the cost of individual transportation, are not available.

Indeed, youth in foster care in some states have been reported to move through an average of nine different schools during their tenure in foster care. These children and youth are commonly out of school for weeks or months on end and, not surprisingly, fall behind academically, cognitively, and socially. They often need to repeat courses and are unable to access the support services that could improve education outcomes. Schools need a better understanding of the unique situations and experiences of children in foster care, and child welfare agencies need to focus more on the educational needs and outcomes of the children and youth they are serving.

Although all children are entitled to education services under federal, state, and local laws, the specific educational needs of children and youth in care often go unmet. The rate at which foster youth complete high school (50%) is significantly below that of their peers (70%). The rate at which college-qualified foster youth attend postsecondary education (20%) also is substantially below that of their peers (60%). Important to note, however, is that 70% of former foster youth express the desire to attend college.<sup>29</sup> The effect on future earnings is enormous. The U.S. Census Bureau reports college graduates make \$24,000 more per year than those with high school diplomas.

Education for all children is fundamental to a successful future. It is perhaps even more critical to those children who at a young age face additional life challenges. That is why access to a quality education and ongoing support and encouragement are so vital to the approximate 800,000 children who will spend time in foster care in a given year.

Working in various partnerships, CWLA has sought to promote some fundamental goals with regard to education and children and youth in foster care: educational stability, seamless educational transitions for children and youth when education changes do occur, high-quality educational experiences, high expectations and aspirations, and greater national attention to the disparate educational outcomes for young people in foster care, particularly children and youth of color.

In 2008, Congress began to address these challenges with the enactment of the Fostering Connections Act. The new law requires that the case plan of a child in foster care take into account the appropriateness of the current educational setting and that the child welfare agency coordinate with the local education agency that the child remains in the school in which he or she is enrolled at the time of the foster care placement. When remaining in that same school is not in the child's best interest, the child welfare and local education agencies must ensure immediate and appropriate enrollment in a new school, with all of the child's educational records provided.

To address the issue of transportation, the legislation amends what can be included in the foster care maintenance payment to include "reasonable travel for the child to remain in the school in which the child is enrolled at the time of his or her placement."

The state is also directed to ensure that each child who is eligible for federal funding under foster care, adoption assistance, or kinship care, and is covered by compulsory school laws, is a full-time student (with some health exceptions).

Issues have developed in some areas around restrictions on adoptive children temporarily in group homes for treatment, in that they are not allowed to attend a nearby school due because the adoptive parent may live in a different district. The new education requirement provides that a foster child be allowed to remain in the current school when it's in the child's best interest, or in a new school with immediate enrollment when that is in the child's best interest.

The new requirements enacted by the Fostering Connections Act offer another reason why Congress needs to address the education needs of children in foster care, kinship care, and special-needs adoptions when it comes time to reauthorize the Elementary and Secondary Education Act in 2009–2010.

These are important steps toward ensuring better education outcomes for children in care, but they represent only one part of the challenge. For the child welfare agency to be effective in such case planning requires the cooperation of the education agency. Many times, CWLA member agencies indicate the discussion with education agencies, and creating a strategy to ensure a child stays in school or obtains immediate enrollment in a new school, is difficult. This needs to be a two-sided process developed by both the education and child welfare communities.

## **Recommendations**

### *Short-Term*

The new Administration should:

- Provide flexible guidance and regulation that will strengthen the use of foster care maintenance payments to address the transportation costs of those foster children living in one school district but who continue to travel to their old school district.

### *Long-Term*

Congress and the new Administration should:

- Include in the reauthorization of the Elementary and Secondary Education Act language, similar to the directive to local child welfare agencies, that local education agencies work with child welfare agencies to ensure foster children remain in their current schools when in the child's best interest, or provide immediate enrollment in a new district when that is in the child's best interest.
- As part of the reauthorization of the Elementary and Secondary Education Act, ensure the reauthorization of the McKinney-Vento Homeless Assistance Act includes a broader definition of homeless children to include children in foster care.
- When reauthorizing the Elementary and Secondary Education Act, direct local education agencies to work in coordination with child welfare agencies on assurances that a special-needs adoptive children will have access to immediate school enrollment when health and other treatments may require a temporary relocation from their homes.

## **The Health of Children and Families: Building Blocks for Prevention and Permanency**

Children in foster care are at higher risk for physical and mental health issues, stemming either from the maltreatment that led to their placement or from preexisting health conditions and long-term service needs. Before they even walk through the door, many children who come into contact with the child welfare system have been exposed to several faces of trauma, including domestic violence, physical and emotional abuse, parental mental health problems, substance abuse, neglect, and poverty. Infants and toddlers, being in extremely formative years, if exposed to such trauma, may be at particular risk of developing hard-to-overcome emotional difficulties and developmental delays. Once placed in out-of-home care, separation from family ties and the continued instability that often ensues only exacerbate the child's initial vulnerability.

Numerous studies have documented that children in foster care have medical, developmental, and mental health issues that far surpass those of other children, even those living in poverty. One study found that 60% of children in care have a chronic medical condition, and one-quarter have three or more chronic health problems.<sup>30</sup> An estimated 54%–80% of children in out-of-home care meet clinical criteria for behavioral problems or psychiatric diagnosis.<sup>31</sup> For the 20,000–25,000 youth who age out of care each year, their health needs often linger into adulthood—an issue compounded by the fact that many of these former foster youth lack health insurance.

### **Medicaid**

Child welfare agencies are responsible for meeting the health and mental health needs of all children in state custody. Virtually all children in foster care are eligible for and obtain health care services for both acute and long-term conditions through Medicaid. Considering the sheer volume and intensity of their health needs, Medicaid's stepping in to provide children in foster care with physical and mental health services to help get them on the road to recovery is unquestionably vital.

To receive federal matching funds, state Medicaid programs must provide beneficiaries with certain mandatory services. A mandatory service that is particularly important for children in foster care is Medicaid's comprehensive Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. EPSDT requires states to periodically screen and ascertain physical and mental defects in children and provide any corresponding necessary treatment that will correct or ameliorate any defects or chronic conditions.

Despite EPSDT's broad benefits, aimed at helping the neediest children, studies have repeatedly shown, and the GAO reported in 2001, that not all children are receiving the EPSDT services to which they are entitled by federal law.<sup>32</sup> Access problems exist for several reasons, including a low provider participation in Medicaid, especially among mental health providers and dentists. Also, many parents are simply unaware of their children's right to EPSDT services.

Beyond mandatory services, states may cover and receive Medicaid matching funds for approved, optional services. Two optional services that many states have chosen to provide and that have proven to be extremely beneficial to children in care are rehabilitative services and targeted case management (TCM). Medicaid Rehabilitative Services work to reduce physical and mental disabilities that many children in care experience as a result of abuse, neglect, or similar trauma, and restore them to optimal functioning level. Often, rehab services are used to support therapeutic foster care programs that permit seriously emotionally disturbed children to stay in the community rather than be placed in more restrictive, more expensive settings. Taking into account the vulnerability and complex needs of children in foster care, including health needs, at least 38 states employ the Medicaid TCM option to ensure children in foster care receive a comprehensive approach and greater coordination of care.<sup>33</sup>

In 2007, the Bush Administration issued a proposed regulation dealing with Rehabilitative Services (CMS-2261-P/72 Fed. Reg. 45201) and an interim final regulation dealing with TCM Services (CMS-2237-IFC/72 Fed. Reg. 68077). These regulations were issued alongside several other similarly restrictive Medicaid regulations that, in the aggregate, would devastate our nation's health care safety net.

Among several other troubling provisions, the rehab and TCM rules established ambiguous “intrinsic to” or “integral to” tests that appear to wholly shift costs to already struggling state child welfare and foster care systems. Recognizing the controversial substance of the rules, the 110th Congress included a moratorium on six Medicaid regulations, including rehab and TCM, in The Supplemental Appropriations Act of 2008, which was signed into law by President Bush on June 30, 2008 (P.L. 110-252). The rehab and TCM rules are therefore delayed until April 1, 2009.

Several other longstanding access issues need to be addressed regarding Medicaid. Low provider payment rates, heavy administrative burdens, and other factors have led to a chronic shortage of health care providers willing to accept Medicaid patients. For foster families and other caregivers, this has diminished access and choice, particularly in geographic areas where transportation is difficult, such as rural America. The limited pool of providers that do accept Medicaid patients may lack experience in treating the unique physical and mental health problems that children in out-of-home care experience. They may also face serious obstacles in obtaining comprehensive, accurate medical histories for children who have endured multiple placement changes and corresponding discontinuity in coverage and care.

Finally, although Medicaid should be available for youth in foster care until age 18, many youth transitioning out of the system—facing an array of difficulties, and often having little or no support from their families, friends, or communities—are also left without health insurance.<sup>34</sup> Mechanisms do exist by which states can extend Medicaid to youth formerly in care beyond age 18, but significant gaps remain.<sup>35</sup>

States do have the option of extending Medicaid to age 21 for youth leaving foster care, but many states have not exercised that option. The Fostering Connections Act will allow states to extend Title IV-E foster care to age 21. That in itself would also extend coverage to those older youth, but Title IV-E will cover not all of these young people, and some may choose to leave foster care. In either case, health care should be extended for all of these young people to 21.

## ***Recommendations***

### ***Short-Term***

The new Administration should:

- Protect Medicaid TCM and Rehabilitative Services options by rescinding regulations issued by the Bush Administration on these streams of care.

Congress and the new Administration should:

- Include in any new stimulus package a temporary increase in the Federal Medicaid Assistance Percentage (FMAP) to aid with the ailing economy.

### ***Long-Term***

Congress and the new Administration should:

- Extend Medicaid coverage to all youth formerly in foster care until at least age 21.
- Preserve the federal guarantee of Medicaid as an entitlement program for low-income children, youth, and families. Oppose efforts that attempt to restrict eligibility and reduce access or benefits. Work to increase the number of qualified providers accepting Medicaid and ensure they are properly trained to handle the unique physical and mental health needs of children in foster care.
- Ensure the availability of and accessibility to comprehensive preventive health care services guaranteed in federal law through EPSDT.
- Establish therapeutic foster care as a Medicaid reimbursable service.

Congress should:

- Conduct oversight of efforts to implement Medicaid provisions in the Deficit Reduction Act (DRA) to ensure they do not negatively impact vulnerable children and families.
- Conduct proper oversight of Medicaid to combat fraud and abuse. Ensure that Medicaid funds remain available for legitimate TCM and Rehabilitative Services for children involved in the child welfare and foster care systems.

The new Administration should:

- Use the new requirements under the Fostering Connections Act to encourage collaboration between state child welfare and Medicaid systems so the physical and mental health needs of children in their care are properly addressed.

## **Mental Health**

Despite the dismal fact that anywhere between 50% and 80% of children in foster care experience moderate to severe mental health and behavioral problems, findings from the federal Child and Family Service Reviews (CFSRs) reveal the mental health needs of these vulnerable children often are not met. Most states have committed to better addressing the mental health needs of children and families in their child welfare systems by including appropriate action steps in their Program Improvement Plans (PIPs).

Thoroughly screening children involved with the child welfare and foster care systems' mental health needs, and providing appropriate treatment, is essential. There is growing concern about the use of psychotropic medications with children, partly because very few have been approved by the Food and Drug Administration for treating mental health disorders in children.<sup>36</sup> Studies have shown that children involved with the child welfare system are three to four times more likely than are non-child welfare Medicaid recipients to receive psychotropic medications. Although some extreme situations certainly warrant the use of psychotropic medications with children, their prescription and administration must be monitored closely.

In addition to Medicaid funding, several federal funding streams work to increase the mental well-being of vulnerable children. The Children's Mental Health Services Program funds comprehensive, community-based systems of care for children with serious emotional disturbance (SED) in the nation's child welfare, juvenile justice, and special education programs. The Community Mental Health Services Performance Partnership Block Grant is the principal federal program supporting community-based mental health services for children and adults. For SED children, these funds support services such as case management, emergency interventions, residential care, and 24-hour hotlines to stabilize children in crisis, as well as coordinate care for individuals with schizophrenia or manic depression who need extensive support.

By granting state and local mental health authorities access to information about the most promising methods for improving programs, Mental Health Programs of Regional and National Significance promotes the implementation of effective, evidence-based practices for adults and SED children. Recent areas of importance include services for children and adolescents with post-traumatic stress, coordination of cross-system mental health activities and services, and prevention of youth violence and suicide.

Legislative assistance is also possible. In the 110th Congress, historic mental health and addiction parity legislation was enacted that will help erase longstanding discrimination between physical and mental health conditions. Such policy will greatly help all Americans with mental health and substance use problems, particularly vulnerable, lower-income families and those involved with the child welfare system who experience a disproportionate rate of such struggles.

Legislation was also introduced in the 110th Congress that would ease the transition to adulthood for individuals ages 18–26 with serious mental illness (Healthy Transition Act, S. 3195/H.R. 6375). This legislation would provide grants for states to develop statewide coordination plans to better help this vulnerable population. It specifically urges states to target disproportionately affected populations, such as those involved with the child protection system.

## ***Recommendations***

### ***Short-Term***

The new Administration should:

- Protect Medicaid TCM and Rehabilitative Services by rescinding regulations issued by the Bush Administration on these streams of care.
- Use the new health planning requirements for state child welfare agencies enacted through the Fostering Connections Act to ensure early and more routine mental health screening for children entering foster care.
- Use the new health planning requirements enacted as part of the Fostering Connections Act to help states and local agencies ensure better coordination of mental health needs and services between various child- and adolescent-serving systems, particularly for young adults with serious mental illness who age out of foster care and often lose their Medicaid coverage.
- Use the new health planning requirements enacted as part of the Fostering Connections Act to help states and local agencies ensure proper oversight of use of psychotropic medication with children in care, as required by the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351). This could be done by requiring states to report the percentage of children in out-of-home care who are receiving psychotropic drugs, and how many medications they are receiving.

### ***Long-Term***

Congress and the new Administration should:

- Extend Medicaid coverage to all youth formerly in foster care until at least age 21.
- Increase funding for the Children’s Mental Health Services Program, the Community Mental Health Services Performance Partnership Block Grant, Mental Health Programs of Regional and National Significance, and key programs that target the social and emotional development of infants and toddlers at heightened risk for mental health problems.

- Ensure availability and accessibility to comprehensive preventive health care services, including physical and mental health screenings and interventions, for children in foster care who are guaranteed these services under federal law through EPSDT for children younger than 21 receiving Medicaid. Particular attention should be paid to infants in foster care, ensuring they receive a comprehensive mental health evaluation and follow-up services.
- Establish therapeutic foster care as a Medicaid reimbursable service.

**Congress should:**

- Enact legislation to address acute shortages of qualified child and adolescent mental health professionals. Provide more funding to properly train child and adolescent mental health professionals dealing with children and youth involved in the child welfare and foster care systems regarding this population's special needs.
- Conduct proper oversight of Medicaid to combat fraud and abuse, and ensure Medicaid funds remain available for legitimate TCM and Rehabilitative Services for children involved with the child welfare and foster care systems.

### **State Children's Health Insurance Program**

Although Medicaid coverage is available to almost all children in foster care, the State Children's Health Insurance Program (SCHIP) has successfully broadened health coverage for low-income children and families, especially at-risk families and children transitioning out of foster care. When the program was up for reauthorization in 2007, the 110th Congress passed two strong, forward-moving compromise bills (H.R. 976; H.R. 3963) that would have reauthorized SCHIP for five years with enough funding to maintain current enrollment and provide health insurance to millions more low-income children-most of whom are already eligible.

Among other positives, both bills provided mental health parity in SCHIPs, guaranteed dental benefits, more appropriately calculated allotment formulas to avoid state shortfalls, funding for state outreach and enrollment efforts, and the establishment of a child health quality initiative. President Bush, citing various points of opposition, vetoed both bills, and Congress ended up extending SCHIP through March 31, 2009, with sufficient funds for states to maintain current enrollment (P.L. 110-173).

On August 17, 2007, the Bush Administration issued a policy directive in the form of a letter to state health officials limiting states' ability to cover children in families above 250% of the federal poverty level (FPL) in their SCHIPs (250% of FPL is \$53,000 for a family of four). Although the Bush Administration suggested a year later, in August 2008, that it was not going to implement the policy entirely, the directive has never been rescinded formally.

## **Recommendations**

The new Administration should:

- Formally rescind the Bush Administration’s August 2007 policy directive that limits states’ ability to cover children in families above 250% of FPL.

Congress and the new Administration should:

- Until a longer term reauthorization is complete, ensure SCHIPs have sufficient funds to, at a minimum, maintain current enrollment.
- Reauthorize and strengthen SCHIP before it expires April 1, 2009, so more eligible but uninsured children are covered. Other essential components of an SCHIP reauthorization include dental coverage for all enrolled children, mental health parity, child health quality initiatives and measures, funding to states for outreach and enrollment, “express lane” eligibility, incentives for reducing racial and ethnic disparities in coverage and quality, erasing discrimination against legal immigrant children by permitting them to enroll immediately in SCHIP, maintaining state flexibility, and better-tailored formula for state allotments.

## **Substance Abuse**

Children’s exposure to parental alcohol and other drug (AOD) use—whether through prenatal exposure or environmental observation—undoubtedly puts them at risk. Substance abuse is estimated to be a factor in one- to two-thirds of cases of children with substantiated reports of abuse and neglect, and in two-thirds of cases of children in foster care.<sup>37</sup> Children from families with substance abuse problems tend to come to the attention of child welfare agencies younger than other children, are more likely than other children to be placed in out-of-home care, and are likely to remain there longer.<sup>38</sup>

The significant rise over the last two decades in the number of children entering out-of-home care due to parental drug use represents one of the most serious policy and practice challenges to the field. The overall shortening of timelines and movement to make quicker permanency decisions in out-of-home care cases, required by ASFA, has increased the sense of urgency and further emphasized the pressing need within the child welfare system to develop adequate capacities to address parental substance abuse issues. Clearly, already-strained child welfare agencies cannot stand alone in serving the complex needs of children and families struggling with substance abuse.

If not treated properly, parental substance abuse is troublesome; in addition to being a root cause of child abuse and neglect, often it is cyclical and intergenerational in nature. Studies have shown that children who grow up in homes plagued by AOD use and abuse very often choose risky behavior and develop their own AOD problems.

To ensure safety and permanence for these children, and appropriate alcohol and drug treatment for their families, increased treatment and other services must be directed to their special needs. This will require increased resources and new partnerships between child welfare and AOD agencies, other service providers, courts, community leaders, and family members. In past congresses, legislation has been introduced to provide grants to state child welfare and alcohol and drug agencies to address the effects of alcohol and drug abuse on children and families who come to the attention of the child welfare system.

Substance abuse treatment services that are specifically tailored to meet the needs of women and parents are in chronic short supply. Parents in the child welfare system with AOD problems have multiple and especially complex problems. The mothers involved often face mental illness, domestic violence, health problems like HIV/AIDS, and a history of abuse or neglect as a child—all of which pose special challenges for AOD treatment and recovery. To ensure permanency decisions can be made for children whose families have AOD problems, special steps must be taken to begin services and treatment for the family immediately upon a child's entry into foster care. Studies show that a primary motivator for mothers to enter treatment is to keep or regain custody of their children.

In recent years, Congress has provided some limited nationally competitive grants with the goal of funding treatment programs. Enacted as part of DRA in 2006, one of the potential programs served by these grants can be family-based treatment programs. These grants, allocated through the Title IV-B PSSF program, were limited to \$40 million in the first year, decreasing to \$20 million in the fifth. They were also weighted toward the use of methamphetamines, which could limit their access in certain parts of the country.

Recently, Congress included in the Fostering Connections Act a limited amount of funds that may also be used for such initiatives. Although important, these national grants fall short of meeting the vast need. Nationally, there is a shortage in all types of publicly funded substance abuse treatment opportunities for those in need, especially for women. All states report long waiting lists for services.

## ***Recommendations***

Congress and the new Administration should:

- Provide expanded federal resources to increase substance abuse treatment capacity within the child welfare system and stimulate effective partnerships between child welfare and substance abuse agencies.
- Provide more funding for comprehensive family-based treatment through legislation that would provide specific grants to state child welfare and substance abuse agencies or expand the current substance abuse grants provided through the Title IV-B PSSF program to target family-based treatment programs for all forms of substance abuse.
- Increase funding for the Substance Abuse Prevention and Treatment Block Grant.

## Helping Vulnerable Young People

### Improving Juvenile Justice, Enhancing Systems Integration with Child Welfare, and Strengthening Delinquency Prevention

For the past seven years, CWLA has consistently reported that child maltreatment researchers and practitioners, as well as those in the field of criminal justice, have been increasingly concerned about the long-term negative consequences of child abuse and neglect and the increased likelihood of abused and neglected youth to become involved in the juvenile justice system.<sup>39</sup> Although the evidence does not suggest any single factor accounts for the development of criminal behavior, experts increasingly recognize the importance of childhood victimization as a risk factor for subsequent delinquency and violence.

The research presented in CWLA's *Understanding Child Maltreatment and Juvenile Delinquency: From Research to Effective Program Practice and Systemic Solutions* provides undeniable evidence that victims of childhood maltreatment are at risk of entering the juvenile justice system and becoming tomorrow's serious and violent offenders.<sup>40</sup> Children who are abused and neglected are not only more likely than other children to commit delinquent acts as adolescents and crimes as adults, but they are also more likely to experience a range of mental health, substance abuse, occupational, and educational deficiencies during adolescence and adulthood.

In a series of articles, researcher Cathy Widom and colleagues reported on other outcomes for which abused and neglected children are at increased risk, including mental health problems such as post-traumatic stress disorder, suicide attempts, and alcohol problems in women; social and behavioral problems, including running away, prostitution, and lower rates of employment; and cognitive and intellectual functioning, including lower reading ability and IQ scores in young adulthood.<sup>41</sup>

This research has established a relationship between placement into foster care, placement stability, and risk of delinquency among maltreated children.

The fact that maltreatment is not inevitably associated with delinquency legitimizes the necessity for child welfare and juvenile justice systems to work in a coordinated and integrated manner. The overwhelming conclusion from this body of research is that to improve the well-being of our nation's most disadvantaged and traumatized children and youth, and to see sustained reductions in child maltreatment and delinquency, we must improve the coordination and integration of the child welfare and juvenile justice systems.

#### *The Juvenile Justice and Delinquency Prevention Act*

The Juvenile Justice and Delinquency Prevention Act (JJDP) is a federal initiative designed to help state and local governments and private nonprofit agencies in supporting and initiating programs that prevent and treat juvenile delinquency. Many public and private facilities nationwide provide custody and care for children who are wards of juvenile courts, juvenile corrections, or other public or private agencies. These facilities represent a spectrum of

residential programs for accused or adjudicated delinquents and status offenders (youths detained for offenses that would not be crimes if they were adults, such as running away or truancy).

JJDPA provides for a nationwide juvenile justice planning and advisory system spanning all states, territories, and the District of Columbia; federal funding for delinquency prevention and improvements in state and local juvenile justice programs and practices; and operation of a federal agency, the Office of Juvenile Justice and Delinquency Prevention, dedicated to training, technical assistance, model programs, and research and evaluation to support state and local efforts.

Established in 1974, and authorized most recently in 2002 with bipartisan support, JJDPA is based on a broad consensus that children, youth, and families involved with the juvenile and criminal courts should be guarded by federal standards for care and custody, while also upholding community safety and preventing victimization.

The connection between child maltreatment and later involvement with the juvenile justice system is well documented. As noted above, a growing body of research undeniably establishes the connection between all forms of child maltreatment—neglect, physical, and sexual abuse—and the risk of subsequent involvement in delinquency and the juvenile justice system.

Research confirms these maltreated youth frequently struggle in school and with mental health and substance abuse issues, all of which are often preludes to crime. The 2002 reauthorized JJDP Act recognized this critical issue and included provisions calling for policies and systems to incorporate relevant CPS records into juvenile justice records to establish and implement treatment plans for juvenile offenders. Unfortunately, real or perceived difficulties with data collection, information management, federal and state confidentiality statutes, agency mandates, and fiscal strictures often preclude these efforts.

CWLA has developed the following four-phase framework and methodology to help state and local jurisdictions achieve greater systems coordination and integration on behalf of youth and families with multisystem needs.

- **Mobilization**, which includes an assessment of political and environmental readiness for systems reform and commitment to outcomes and goals.
- **Study and analysis** of current circumstances, including data collection, information management and sharing, resource assessment, legal and policy analysis, and performance measurement capacity.
- **An action strategy** that prioritizes program, service, administrative, and funding mechanism components.
- **Implementation** of the strategy with a clear commitment to timelines, phasing, benchmarks, and task assignment.

State and local jurisdictions are using this framework to guide recommended actions and develop a strategy to implement more coordinated, integrated child welfare and juvenile justice systems. The framework is used in conjunction with other resources that have been developed, such as statutes, guiding principles, protocols, procedures, and legal analyses to effectively intervene and interrupt the costly trajectory of maltreated youth deeper into the delinquency and criminal justice systems.

## **Recommendations**

Congress and the new Administration should:

- Provide further leadership and guidance to a nationwide implementation of reforms on behalf of this significant population of disadvantaged youth and families. CWLA has proposed language that would promote improved action.
- Strengthen coordination and improve protocols and procedures between these systems.
- Provide for compiling data on juveniles entering the juvenile justice system with prior histories as victims of child abuse or neglect.

The new Administration should:

- Undertake an analysis of necessary services to prevent and treat these youth, then use that analysis to plan for providing such services.

## **Youth Transitioning Out of Foster Care**

Certainly there is no group of America's youth more deserving of Congress' attention than those in foster care or who leave foster care after turning 18. Some 20,000-25,000 young people exit the foster care system annually.<sup>42</sup> These young people leave care simply because there is an age limit on federal funding. Although some states extend this support beyond age 18, and the John H. Chaffee Independent Living Program offers limited funding for transitional services to these young people, all too often the end result is that foster children find themselves on their own at 18.

Adolescents constitute a major segment of the youngsters the child welfare system serves. In 2005, 29% of children in care were age 15 years older.<sup>43</sup> Most youth enter out-of-home care as a result of abuse, neglect, or exploitation. Others have run away from home or have no homes. Young people transitioning out of foster care are affected significantly by the instability that accompanies long periods of out-of-home placement during childhood and adolescence. They often find themselves truly on their own, with few if any financial resources, no place to live, and little or no support from family, friends, or community. Their experiences place them at higher risk for unemployment, poor educational outcomes, health issues, early parenthood, long-term dependency on public assistance, increased rates of incarceration, and homelessness. The resulting harm to the youth themselves, their communities, and society at large is unacceptably high.

Federal support for independent living services for foster youth began in 1986 when Title IV-E was amended to include the Independent Living Program to help youth who would eventually be emancipated from foster care. In 1993, Congress permanently extended the authority for the Independent Living Program. Passage of the Chafee Foster Care Independence Program in 1999 significantly improved previous versions. The law now allowed states to extend Medicaid coverage to former foster children ages 18–21; funding was doubled to \$140 million per year in 2001.

The Chafee Foster Care Independence Program helps states provide services to young people as they age out of foster care. The program helps eligible children make the transition to self-sufficiency through such services as assistance in earning a high school diploma, support in career exploration, vocational training, job placement and retention, and training in daily living skills. In addition to the Medicaid coverage, the program allows up to 30% of funds to be used for room and board. Chafee is a capped entitlement, with an annual ceiling of \$140 million, which has not been increased since 2001.

Congress also authorized an additional \$60 million in discretionary funds in 2001 for education and training vouchers for youth eligible for the Foster Care Independence Program, as well as youth adopted from foster care after age 16. The Education and Training Vouchers (ETV) program provides assistance of up to \$5,000 per year for the cost of attending an institution of higher education for youth who age out of foster care or are adopted after age 16. Funding for this program has never reached the authorized amount of \$60 million. The ETV program began receiving funds in 2003 and was set at \$42 million. In 2005, funding increased to \$46.6 million. The benefits of a college education are significant. Funding for the ETV program should be expanded to at least the level that is authorized.

### *New Developments and Continuing Challenges*

The newly enacted Fostering Connections Act includes significant reforms affecting youth aging out or about to age out of foster care, including giving states the option of increasing the age of eligibility for Title-IV-E foster care assistance up to age 21, and requiring a transition plan for all youth 18 or older to be developed with young people during the 90 days before exiting care. This plan must be as detailed as the youth chooses and include specific options on housing, health insurance, education, local opportunities for mentoring, continuing support services, workforce supports, and employment services. In addition the legislation allows protections and requirements already in place for younger children in foster care to apply to youth ages 18–21, and allows states to extend adoption assistance and guardianship payments on behalf of youth ages 19–21 if they entered care after age 16.

Foster children and youth need supplemental supports and services that enable them to learn life skills, facilitate social and community connections, learn about resources they can access once on their own, and build educational and vocational competency. This is true regardless of age, permanency plan, or placement. Caregivers, service providers, and other community members must consciously and conscientiously support the acquisition of these skills, connections, and competencies for foster children from birth through adulthood.

These challenges fall most heavily on youth of color and those who are part of various cultural, ethnic, and racial communities—primarily African American, Latino/Hispanic, and Native American—that are disproportionately represented in the child welfare system and frequently experience disparate, inequitable services.

Adolescents in foster care are at higher risk for continuing medical problems, which are exacerbated by multiple placements, lack of continuity of intervention and recordkeeping, and declining emphasis on preventive measures, such as immunizations, as they enter adolescence. Adolescents in foster care report low levels of trust in adults and the service system, which may prevent their accessing health care and other services.

Immediately following statutory discharge from the foster care system, young people experience tremendous problems both in terms of their health status and in their ability to access health services. Because health coverage ends at the time of emancipation, young people lose both routine preventive care and the care they need to treat chronic medical conditions.

The mental health of former foster youth is also a critical issue; mental health services is the number one health care need for this population. More than 13 million children in the United States have a diagnosable mental disorder each.<sup>44</sup>

A substantial number of children and youth also experience substance abuse or co-occurring disorders. Nearly 43% of youth who receive mental health services in the United States have been diagnosed with co-occurring disorders. Between 75% and 80% of children and youth, however, do not receive the mental health specialty services they need.<sup>45</sup> Nowhere is this more evident than with children placed in out-of-home care. More than 80% of children in foster care have developmental, emotional, or behavioral problems.<sup>46</sup> In addition, youth suicide continues to be the third leading cause of death among youth 15–24. Among young people ages 15–19, firearm-related suicides accounted for 62% of the increase in the overall rate of suicide from 1980 to 1997.<sup>47</sup>

Securing and maintaining employment are critical factors in achieving self-sufficiency in early adulthood. Youth who must leave foster care at age 18 often are still in high school. If they have been able to secure employment at all, most are still in entry-level positions.<sup>48</sup> Clearly, the realities of educational underachievement and difficulties securing and maintaining employment place these youth at a significant disadvantage for meeting their health needs, achieving economic self-sufficiency, and maintaining long-term well-being.

Young people exiting foster care are at greater risk for homelessness than are youth in general. In New York, for example, research found that half of the homeless young people who came to shelters had previously lived in a foster home, a group home, or other setting provided by the child welfare system. Nationally, as many as 25% of youth leaving foster care experience homelessness during the year following emancipation.<sup>49</sup>

Some children in foster care may be eligible for Social Security benefits as a survivor of a parent, or through the Supplemental Security Income (SSI) program. States have had the right to determine and qualify these children and youth who are eligible for benefits and then claim the benefits to help offset the cost of Title IV-E payments. Legislation introduced in the 110th Congress would redirect these efforts. Under these proposals, states would determine when a child or young person is eligible for Social Security or SSI benefits and then reserve those benefits in an account for that young person. The state would help these young people plan the future use of these benefits. Such a change could be of significant assistance to eligible young people leaving foster care. Enacted as part of a large finance proposal, such changes could also be done without undercutting state funding of child welfare.

## ***Recommendations***

### *Short-Term*

The new Administration should:

- Act quickly to help states implement the requirements for a 90-day transition plan. Reforms enacted in the Fostering Connections Act must be implemented quickly through guidance and regulation.

### *Long-Term*

Congress and the new Administration should:

- Increase funding significantly for the Chafee Foster Care Independence Program.

The new Administration should:

- Sustain long-term support for this vulnerable population of young people to ensure their developmental needs are met and they have the skills and knowledge base to access the services they will need during and after the transition to adulthood.

The child welfare system (including federal, state, and local governments and agencies and the communities they serve) should:

- Ensure all young people, regardless of their cultural, ethnic, or racial identities, receive services that address the full spectrum of their needs in a manner that reflects the cultural strengths of their families and communities.

Congress should:

- Amend Title II of the Social Security Act to help states determine SSI and Social Security eligibility for foster children, and allow these foster children to have an account and a plan that will help them toward transition.

## Teenage Pregnancy and Children and Youth in the Child Welfare System

### *Teen Pregnancy Prevention*

By age 19, nearly half of surveyed females in foster care have ever been pregnant, compared with 20% of their counterparts not in foster care.<sup>50</sup> Adolescent childbearing, in combination with other preexisting factors, is linked to negative consequences for mother and child, and to significant costs to society. Just over half of teenage mothers complete high school during adolescence or early adulthood, and they are likely to have limited employment opportunities, live in poverty, and depend on welfare.<sup>51</sup> Teen childbearing costs taxpayers \$9.1 billion annually; \$2.3 billion of these costs fall on the child welfare system because children born to teen mothers are at increased risk of ending up in foster care and CPS.<sup>52</sup>

Young people, including youth in foster care, need access to comprehensive reproductive health and family planning services. Medicaid—the health insurance program for which youth in foster care are eligible until age 18—provides an array of family planning services to individuals of reproductive age. Recognizing that youth aging out of foster care are highly vulnerable, and in particular are at heightened risk for becoming pregnant, some states have elected to continue Medicaid coverage for former foster youth beyond age 18. At least 17 states do this through the Chafee option in the Foster Care Independence Act of 1999 (P.L. 106-169).<sup>53</sup> Despite this progress, more comprehensive health coverage, including family planning services through Medicaid, is necessary. A 2007 survey of former foster youth found that only one-third of females and one-fifth of males had received either family planning services or information about birth control in the last couple of years.<sup>54</sup>

In addition to Medicaid, since 1970 the federal family planning program, Title X of the Public Health Service Act, has provided resources for health services and counseling to low-income or uninsured individuals who may otherwise lack access to health care. Title X supports a network of 4,400 family planning clinics nationwide that provide clinical services to prevent unintended pregnancies, lower rates of HIV and other sexually transmitted diseases, detect breast and cervical cancer at the earliest stages, and improve women's overall health. Unfortunately, Title X has been systematically underfunded over the years, considering health care inflation and the growing demand for subsidized family planning services, without corresponding increases in funding.

### ***Recommendations***

Congress and the new Administration should:

- Ensure that youth in foster care receive well-coordinated health care, including family planning services. As youth age out of foster care, Medicaid coverage and family planning services should continue until at least age 21 to help promote a successful and healthy transition to adulthood.
- Encourage more teen pregnancy prevention programs to serve youth in foster care and evaluate the effectiveness of interventions for that particular community. Invest in

research and demonstration projects to develop or adapt teen pregnancy prevention interventions for youth in foster care and those aging out of the system. Ensure that foster parents, other caretakers, independent-living staff, and other child welfare staff receive sufficient training to communicate with foster teens about relationships and pregnancy prevention and make sure they are linked with community resources.

- Increase funding for the Title X family planning program, while maintaining its status as a categorical federal program that mandates informed patient consent, confidentiality protection for all patients, types of services offered, and medical standards
- Support funding for effective comprehensive health and sex education in our communities and schools that is medically accurate and includes information about abstinence.

## **The Fundamental Building Blocks of a Successful System for Children and Families**

### **Child Welfare Workforce**

An informal CWLA survey of state child welfare officials, conducted in August 2008, found general consensus on the greatest challenges for the child welfare workforce. States face the challenge of keeping good workers on the job and fighting to reduce turnover. Closely related to this, and in fact contributing to turnover, is trying to maintain a large enough supply of competent supervisors who can provide critical support to frontline and direct service staff. These veteran workers are key to ensuring high practice standards are implemented and followed as agency policy.

An additional problem among states is the looming loss of experienced workers due to retirement. This departure of baby boomers from the workforce is compounded in times of budget cuts and a recession economy, when early retirements become an option that helps states reduce department budgets. This strategy may help reduce immediate fiscal pressure, but it eliminates a vast wealth of knowledge and experience that cannot easily be replaced.

These problems spread among all states and the many private nonprofit and faith-based organizations that comprise the child welfare system. Workforce shortages show their impact when oversight such as the federally mandated Child and Family Service Reviews (CFSRs) is conducted. Turnover can result in delays in family and child reunification, reaching alternate permanency options, and providing needed services. Workforce shortages play a role in all areas where critics cite their biggest concerns: failure to recruit enough foster parents, failure to recruit more adoptive families, timely investigation of abuse complaints, lack of follow-up services for vulnerable families, children staying in care too long, individual children having several caseworkers over a short period of time, failure to advocate for continuing elementary and high school education, failure to oversee children receive proper medical care, better transition of youth leaving foster care, and failure to prevent removal of children when proper services and support could help families stay together.

By crafting a child welfare system that is not adequately staffed, trained, or supported, we have in some instances created a system that makes it difficult to carry out its mission. Over the past decade, we have witnessed successes that have helped children find permanent families, including dramatic increases in adoptions, from 38,913 in 1998 to more than 51,000 in 2006; reduction in the number of children in foster care, from more than 562,000 in 1999 to 510,000 in 2006; increased placement of children in kinship care; and the 54% of children reunified with their families.<sup>55</sup> But each of these areas can and must be improved upon. We also must step up our efforts to prevent child abuse and child neglect. All of these improvements, however, require a workforce fully staffed, educated in best practices, and supported by proper supervision, equipment, and attention to worker safety.

Child welfare work is labor intensive. Workers must engage families through face-to-face contact, assess children's safety and well-being through physical visits, monitor progress, see that families receive essential services and supports across multiple systems, help with problems that develop, and fulfill data collection and reporting requirements.

The U.S. General Accounting Office (GAO) documented this crisis in the child welfare workforce, finding the child welfare system is seriously understaffed, undertrained, and undervalued. GAO found these workforce problems limit states' ability to meet the goals established in the CFSRs.<sup>56</sup>

CFSRs and the resulting state Program Improvement Plans (PIPs) present a clear picture of how workforce issues affect outcomes for children. Through this process, the federal government has discovered states need additional workforce supports for making the improvements necessary to meet the needs of children and families. Most PIPs submitted to HHS have addressed states' needs to improve workforce training, reduce caseloads, improve management, and provide better supervision.

Recruitment is an important first step in building a child welfare workforce. In 2008, Congress reauthorized the Higher Education Act. As part of that reauthorization, Congress created a loan forgiveness program that covers child welfare workers working for public or private agencies. This new program could provide up to \$2,000 of loan forgiveness for each of the first five years a social worker remains at an agency. To implement this new program, Congress must now provide the funding.

Recruitment will also require greater efforts to build a career development ladder for social workers taking up the field of child welfare. Some states, such as Kentucky, have formed partnerships with their state universities to provide training and recruitment. A small amount of funding exists under Title IV-B part 1 Child Welfare Services that can help these kinds of initiatives. Now set at \$7 million, this funding should be increased enough to encourage greater efforts and university partnerships in all 50 states.

Other state efforts that have shown promise include Oklahoma's stipend program, which allows bonuses spread out over two years, since the state's research suggests that new workers staying beyond 25 months are more likely to stay long term.

In discussing any future expansion of public services or national service initiatives, Congress should also include efforts that would encourage career paths in child welfare as part of this national service.

Retention is also critical to the child welfare workforce. Once a worker is in place, it's important they remain on the job, building years of experience that can inform their work and ultimately help the families and children with whom they have contact. Part of the challenge of retaining good workers is to provide a range of needed supports. Although salary is vital to any job, just as critical is ensuring workers have acceptable caseloads, access to ongoing training, and the necessary infrastructure, and feel safe in conducting their work.

Another important factor in addressing retention is providing good supervision by veteran staff. Experienced supervisors can provide critical advice and guidance to caseworkers at important decision points. By having a system and a formula to retain workers, we also build a pool of future supervisors. The voice of experience and senior guidance can play a vital role in maintaining best practices and the best interests of children and families involved in child welfare.

With the Fostering Connection Act, Congress has expanded Title IV-E training funds to private agencies and to court- and child-welfare-related employees, such as CASAs and guardians ad litem. States must have effective technical assistance and guidance from HHS on how to access these funds and use them to expand available training.

In addition to the challenges of recruitment, retention, and proper supervision is the underlying need to address worker safety. Social workers frequently confront unsafe conditions and circumstances. The National Association of Social Workers; the American Federation of State, County, and Municipal Employees; and others have determined significant percentages of workers experience violence or threats on the job. Legislation in the 110th Congress, the Teri Zenner Social Worker Safety Act, would create a small grant program to help develop and implement safety efforts, such as the use of modern technology, including cell phones and GPS equipment, and other measures and training that would help ensure worker safety.

Child welfare workers often experience secondary trauma. This is the result of dealing with the many traumatic events caseworkers may encounter on a regular basis, such as criminal activity, drug use, extreme poverty, the death of a child or adult, and detailed accounts of abuse and domestic violence. Without the supports to help address secondary trauma, burnout can result, manifested as increased absences from work, lower morale, and ultimately a less effective workplace. In a study of CPS workers in Colorado, approximately 50% of staff were suffering from “high or very high levels of compassion fatigue,” yet 70% reported “high or good potential for compassion satisfaction”<sup>57</sup>

Some child welfare agencies are taking the initiative to address this as part of their workforce strategies. But in an informal survey of 25 states in August 2008, CWLA found no formal protocol to deal with secondary trauma. For those agencies that do attempt to address the need, efforts may include initial and ongoing training, support groups, and other strategies to provide support from the agency and its leadership, especially in the wake of tragedy.

A joint effort of several agencies within HHS fund a National Child Traumatic Stress Network to provide support and encouragement to children and families affected by traumatic stress, as well as the workers who interact with them.

## **Recommendations**

### *Short-term*

The new Administration should:

- Issue regulations around the use of Title IV-E training funds enacted in the Fostering Connections Act that would broadly cover court-related workforce, including CASAs and guardians ad litem.
- Provide technical assistance to states in how to draw down and leverage Title IV-E training funds to expand training of the child welfare workforce of both public and private agencies, and use the new training funds as an opportunity to strengthen public and private workforce development.
- Create consistency across HHS regions by allowing the use of Title IV-E training funds not just for training in foster care and adoption activities but also for training in activities designed to keep children out of foster care.

### *Long-Term*

Congress and the new Administration should:

- Fully fund the new loan forgiveness program enacted as part of the 2008 Higher Education Reauthorization Act
- Enact legislation similar to the 2008 Child Welfare Workforce Improvement Act that would fund a study by the National Academy of Sciences on workforce to examine challenges and strategies as it relates to child welfare and make recommendations regarding caseload standards, the use of data to expand the research, training, and demonstration projects.
- Significantly increase the \$7 million in Title IV-B part 1, training funds to allow all 50 states to build or strengthen university and college partnerships to recruit, train, and strengthen the child welfare workforce.
- Significantly increase the current \$20 million allocated in 2010 and 2011 under PSSF, Title IV-B, part 2, for workforce improvement, including bonus programs and technology.
- Designate a portion of funding under PSSF, Title IV-B part 2, for worker safety, similar to the Teri Zenner Social Worker Safety Act of 2007.
- Working through the national resource centers and other initiatives, increase state and local child welfare agencies' awareness of the effects of secondary trauma on the child welfare workforce.

The new Administration should:

- Ensure the U.S. Departments of Labor and Education work with Americorps to create a model similar to Teach for America that would recruit college graduates to serve in children's human services for two years as a strategy to build the child welfare and other key human service workforces.

## **Disproportionality and Cultural Competence**

In the *Child Welfare Outcomes 2002–2005 Report to Congress*, new data reaffirms the challenge of overrepresentation of certain populations in the child welfare system. In 28 states, the percentage of black (non-Hispanic) child victims was at least 1.5 times greater than the percentage of these children in those states' populations. In 4 states, the percentage of black (non-Hispanic) child victims was at least 3 times greater than those states' populations. In 8 states, the overrepresentation of Hispanic child victims was at least 1.5 times greater than those states population; in another 4 states, this overrepresentation was 3 times greater. In 15 states, the percentage of American Indian/Alaska Native victims was 1.5 times greater; in another 6 states, the overrepresentation was 3 times greater than the overall population of these children.<sup>58</sup>

Disproportionality in child welfare refers to the over- or under-representation of a particular ethnic or racial group within the child welfare system, compared with their respective percentage in the general population. An early 1980 HHS National Incidence Study showed that all children, regardless of race or ethnicity, are equally likely to be abused or neglected. But in the years following the study, minorities, especially African American children, were overrepresented.

Nationwide surveys cited African American children as being disproportionality represented within in child welfare compared with all other racial and ethnic groups. Of the children entering foster care on the last day of fiscal year 2003, 35% were African American, 17% Hispanic, 39% White, 6% Other, 2% American Indian/Native American, and 1% Asian. Minority children account for more than half of the children in foster care, although they comprise roughly 40% of all children in the nation.<sup>59</sup> The growing existence of racial disproportionality within child welfare begs the question: Why are minority children particularly, African American and Native America, overrepresented?

According to national data, African American and Native American children are twice as likely to comprise the population of children entering foster care, compared with children in the general population. Data suggest Hispanics and Asians may be underrepresented in foster care nationally, but overrepresented in some counties and states. Research on Native American, Hispanic, and Asian American children is limited due to few studies focusing on these populations, which suggests further research is necessary to better assess disproportionality as it relates to these populations.

Research indicates poverty as a contributing factor to disproportionality. A 2007 GAO report on African American children in foster care found that 23% of African Americans lived below poverty levels, compared with only 6% of whites.<sup>60</sup> The rate of single-parent families, an issue

also related to poverty, is higher for African American children, who are least likely to live in two-parent households.<sup>61</sup> The National Incidence Study found children in single-parent families are at 77%-87% greater risk of harm than are children in two-parent families.<sup>62</sup>

Further compounding the issue, those in poverty have greater difficulty accessing services that can help support and keep families safe and stable. Limited access to services also hinders parents' ability to actually complete required services once their children are removed. Although affordable, adequate housing; substance abuse treatment; and family services, such as parenting classes and counseling, are critical to family reunification, availability and access remains limited. At times, parents encounter long waiting list for services, and completing such services is lengthy, thus extending the amount of time their children have to remain in foster care.

Others contend the underlying reason for disproportionality results from the decision-making process itself. Research identifies various key points of engagement critical to outcomes for African American children, emphasizing the importance of decisions made at entry, exit, and placement. African American children are overly reported to the child welfare system by community reporters (friends, family, social services, etc.) and have more contact with mandated reporters due to involvement in public services.<sup>63</sup>

Some data shows that once the decision is made to investigate, race and ethnicity are no longer factors in determining maltreatment, which is contrary to other data that contends race *is* a factor throughout a child's stay within the child welfare system. Furthermore, disproportionality is found in the type of services provided. Although African American and Native American children are more likely to be removed from their families and placed in foster care, white children and their families are more likely to receive in-home services.

To improve access to prevention and support services, neighborhoods must be a major partner in this effort. The CPS agency should engage private, faith, community, fraternal, and neighborhood organizations; businesses; and recreational programs in protecting children from child abuse and neglect and providing support to families that could prevent children from coming to the attention of CPS. Neighborhoods and communities must also be involved in ensuring ongoing supports to families, such as corporate-sponsored child care, afterschool programs, flextime for working parents, and parental leave are available. These same neighborhoods have to be more engaged in planning with CPS for a range of services and supports.

Place a child into foster care can be extremely detrimental to his or her physical and emotional well-being. Studies have shown that children who are able to reunify with their parents leave foster care at a faster rate, whereas children for whom reunification is not an option tend to languish in care. The GAO report found that the average stay of African American children in foster care is nine months longer than for whites.<sup>64</sup>

In addition to points of entry and exit, type of placement is significant in comparing lengths of stay among racial and ethnic groups. African American and Hispanic children are more likely to be placed with relatives (32% and 48% respectively), than are White children (27%).<sup>65</sup>

Placement with a relative is cited as a factor in the disproportionate length of stay in foster care for minority children. In fact, some researchers suggest that due to high numbers of minority children being placed with relatives (which are considered foster care placements), the data will reflect a disproportionate composition of minorities in the system.

Additionally, although the rate of African American adoption has increased, the slowness of the adoption process impedes on ability of child welfare agencies to provide children with stable environments in a timely manner. Still, studies show difficulty in finding appropriate adoption placements for African American children, citing factors such as the likelihood of African American children being diagnosed as having special needs or medical conditions and therefore needing additional training, support, and commitment for and from prospective adoptive parents.

Legislation has attempted to address and mitigate disproportionality in the child welfare system. The MEPA aimed to reduce the number of minority children who enter and remain in foster care by prohibiting federally funded foster care and adoption agencies from delaying or denying placement decisions based on the race, color, or national origin of either adoptive or foster parents or the children. Another provision required diligently recruiting racially or ethnically diverse foster and adoptive parents reflective of the children needing foster care and adoptive homes.

Congress took some important steps in 2008 to offer tools to state and private agencies to address the challenge of disproportionality. GAO had urged Congress to enact new laws to extend the use of Title IV-E funds to kinship placements. Under the Fostering Connection Act, Title IV-E funds are now available for kinship placements. The new law will also allow tribal governments and communities to apply directly for Title IV-E funds to provide foster care, adoption subsidies, and kinship care. State and local agencies will also have greater support for child welfare training, which may help address some of the challenges of disproportionality. This is an important start, but we now require more focus on up-front or prevention services and how they might be enhanced to prevent children from entering care.

As the demographics of the United States continue to change, child welfare agencies will encounter even more diverse families and will have to find a way to effectively meet their needs. Incorporating a cultural competency framework within the child welfare system can help agencies in their work with diverse families and likely reduce disproportionality because it helps eliminate biases. Cultural competent practices place primary focus on a child's well-being and safety while understanding well-being and safety within a cultural context. Understanding cultural factors within cases of child abuse and neglect allows for appropriate prevention and interventions measures to effectively address the family's needs.

Cultural competency helps facilitate work among various groups in a manner that recognizes, affirms, and values the worth of all individuals, families, tribes, and communities, and protects and preserves the dignity of each. It also broadens our knowledge and understanding of individuals and communities.

## **Recommendations**

### *Short-Term*

The new Administration should:

- Address barriers to fully engaging minority families in fostering and adopting, and help state and local agencies in the use of tools such as family group decision making.
- Assist states in the use of such innovations as differential or alternate response and other approaches that can help families access needed services to keep their children safe.
- Ensure the removal of children from their homes is based on objective child safety measures, not cultural, racial, or socioeconomic biases.
- Implement guidance and regulation that will encourage state agencies to take the new option under the Fostering Connection Act to provide subsidized guardianship for children for whom adoption is not the best option.

### *Long-Term*

Congress and the new Administration should:

- Provide targeted funding for recruitment programs that would give states and local agencies the resources necessary to develop and implement innovative programs to expand the pool of adoptive parents.
- Amend the Inter-Ethnic Placement Act to allow consideration of race and ethnicity in permanency planning and in preparing families who are adopting transracially. Sound, ethical adoption practice requires attention to racial and ethnic issues, so that the original MEPA standard—which provided that race is one factor, but not the sole factor, to be considered in selecting a foster or adoptive parent for a child in foster care—should be reinstated.
- Enforce the MEPA requirement to recruit families who represent the racial and ethnic backgrounds of children in foster care, and provide funding to support such recruitment.
- Require and provide funding to states and local agencies so they can report on the corrective steps they have taken to address disproportionate representation in the child welfare system.

## **Equal Access to Services and Funding in Tribal Child Welfare**

Approximately 2.5 million American Indian and Alaskan Natives live in the United States, representing some 565 federally recognized tribes. The largest population of Native Americans is concentrated in 13 states and includes more than 646,000 people.<sup>66</sup>

Congressional hearings, beginning in 1974, led to the passage of the Indian Child Welfare Act (ICWA) in 1978. The hearings and the focus of the act were an attempt to address a significant problem reflected in studies between 1969 and 1974, which showed 25%–35% of all Native American children in some states were removed from their homes and placed in foster care or adoptive homes. In certain states, Native American children were 13 times more likely to be removed from their families than were non-Indian children.<sup>67</sup>

The intent behind ICWA was to preserve cultural and family ties among Native American children and families and to ensure respect for tribal authority in decisions concerning the placement of Indian children in out-of-home care.

ICWA requires states to identify Indian children and notify their parents and tribes of their rights to intervene in custody proceedings. ICWA also requires certain procedures regarding the use of tribal courts, child custody proceedings, tribal intervention standards, and placement preferences. The act establishes a two-part requirement for states before they remove an Indian child, which involves efforts to prevent the breakup of the Indian family, and standards for court findings.

In 2005, Congress directed GAO to study ICWA's impact and, in particular, determine if the law's requirements caused delays in the placement of Native American children. GAO concluded ICWA's requirements did not result in poorer outcomes for children. Few states in the GAO study kept detailed information, but those that did provided sufficient data demonstrating no clear link or evidence ICWA was having harmful effects. Interviews with tribes and states participating in the study indicated the law facilitated greater availability of resources and cooperation between tribes and states in protecting and providing services to Indian children.

In its recommendations, GAO proposed HHS review information made available by states through their CFSRs, noting that 10 of 51 state reports did not mention ICWA implementation. GAO also proposed that states be required to include in their annual progress and services reports any significant ICWA issues not addressed in their PIPs.<sup>68</sup>

A key finding from the GAO study was the problem of measuring and improving ICWA compliance when ICWA has no explicitly named oversight agency. In response, the U.S. Children's Bureau indicated it did not support the study's recommendations and did not believe it was the appropriate agency to carry out additional technical assistance for states on ICWA implementation.

Although ICWA established procedures and protections for placing Indian children in out-of-home care, adequate funding to provide these services did not follow. Comments submitted to GAO during its study indicated that, at times, the lack of resources for tribes hindered placements, and states relied on tribes for assistance in meeting ICWA's requirements.

Tribal child welfare services operate in a unique context shaped by laws, jurisdictional issues, cultural factors, financial constraints, and a federal trust relationship that is unlike any other in the states or territories. Efforts by more mainstream technical assistance centers—sometimes in partnership with tribal consultants or Indian organizations—to address tribal program capacity

and professional worker development have been ongoing, but even more attention, and a truly dedicated technical assistance and training center, is necessary to properly address these unique issues. Establishing this type of center would more effectively organize resources to address tribal child welfare needs, and allow for fuller development of expertise, as well as new methods for delivering needed technical assistance and training.

In addition to barriers related to providing services, issues still remain in the disproportionate representation of children from tribal communities in the child welfare system. National data and case studies validate the need to assess and eliminate factors that contribute to disproportionality. This disproportionate representation can be related to the disparities in the services Indian children and families receive. For example, national data similar to that provided in 2005 indicate that of the 899,000 substantiated cases of child abuse in 2005, 16.5 per 1,000 (or 14,833) involved American Indian or Alaskan Native children.<sup>69</sup>

What these numbers might show, however, is a lack of accurate national data. Contrary data drawn from that same year shows a different picture. In South Dakota, 40% of substantiated cases of child abuse were among American Indian children. In Montana, however, the number was 22%; in North Dakota, it was 20%, and in Oklahoma, 15%.<sup>70</sup>

### *Progress in 2008*

The recently enacted Fostering Connections Act allows tribes direct access to IV-E funding. Before this legislation, tribes could not access Title IV-E funds to administer their own foster care or adoption assistance programs but instead had to enter into agreements with their respective state governments to access IV-E funds—agreements that more than half of the federally recognized tribes did not have.

The new law creates the option for tribes or tribal consortia to directly access and administer IV-E funds by submitting a plan, including evidence of sound financial management, a description of the service area, and assurance that the use of Title IV-E funds will be for coverage of foster care, special-needs adoptions, and kinship guardianship assistance payment to only those children eligible for Title IV-E funds.

The Fostering Connections Act grants tribes access to a portion of the state's Chafee Foster Care Independence Program funds, and requires certain guarantees by the tribe to provide independent-living services for tribal youth in the state. These provisions in the legislation do not take effect, however, until the start of federal fiscal year 2010 (October 1, 2009).

The new law also provides \$3 million annually to HHS to provide technical assistance to assist interested tribes to directly provide foster care, adoption assistance, and (at tribal option) kinship programs. A tribe or consortia can receive a maximum one-time grant of \$300,000.

To this point tribes have received very few funds for from federal child welfare funding sources. Currently, they receive limited set-asides from Title IV-B, Parts 1 and 2—CWS and PSSF respectively. Under Part 1, more than half of the tribal grants are less than \$10,000 each; under Part 2, most of the tribal grants are under \$40,000 each. Under CAPTA, tribes compete for a

very small portion of funding with other organizations that serve migrant populations. Tribes are not eligible to receive direct funding from other grant programs and are forced to compete with states.

PSSF and CWS were amended in 2006 to allow greater access to funds. The set-aside funding designated to tribal governments was increased, and tribal governments were able to join together in consortia to apply for funds—an action that finally allowed small tribes to access funding. The reauthorization increased the tribal set-aside under the law to 3% of PSSF funds under both the mandatory and discretionary portions of the program. Previously, only 1% and 2% of funds (for mandatory and discretionary, respectively) were reserved for tribal applicants. Tribal communities can also apply for new funding available through the reauthorization to address substance abuse and its effects on child welfare. Even with these advancements, however, Congress continues to fund PSSF below its authorized amount of \$505 million: FY 2008 appropriations are set at \$368 million.

In 2006, the Senate passed the reauthorization of the Indian Child Protection and Family Violence Act, but the House failed to follow through with final action. The legislation would have reauthorized funding for child protection programs for tribal communities. First enacted in 1990, the act is intended to channel child abuse prevention and treatment funding to tribal governments nationwide. Throughout their history, the two grant programs authorized for tribes to prevent or treat victims of child abuse and neglect have not been funded.

## ***Recommendations***

### ***Short-Term***

The new Administration should:

- Give high priority to providing initial guidance to tribes interested in conducting Title IV-E tribal foster care, adoption assistance, kinship, and independent-living programs.
- Propose and facilitate the development of key regulations, including those that establish a definition of in-kind matching contributions as part of the Title IV-E Tribal programs.
- Encourage and work to develop cooperative efforts between state governments and tribes to implement effective strategies that will address infrastructure issues such as effective data collection and administrative procedures.
- In the first year, allocate technical assistance funds to assist tribes that have applied to establish Title IV-E tribal programs.

### ***Long-Term***

Congress and the new Administration should:

- Fully fund PSSF to ensure that tribal families have the resources they need.

- Give tribes greater funding access through Title IV-B and other child welfare and human service programs such as CAPTA and SSBG.
- Appropriate funds for the Indian Child Protection and Family Violence Act.

## Data Collection Systems

The collection of data on children in foster care and children contacted by CPS is relatively new. Not every state was required to report its foster care statistics until 1975. Before 1980, states were not required to collect data on non-federally assisted foster care, which in some states include more than half the foster care population. The Adoption Assistance and Child Welfare Act of 1980, however, imposed new data requirements.

Until the mid-1990s, the Voluntary Cooperative Information System (VCIS) was the only database containing information on children in foster and adoptive care. In 1990, HHS issued regulations to implement the Adoption and Foster Care Analysis System (AFCARS), which collects case-level information on all children in foster care for whom state child welfare agencies have responsibility for placement, care, or supervision, and on children who are adopted under sponsorship of the state's public child welfare agency, regardless of children's eligibility for Title IV-E funds.

While changes were being enacted with regard to data on children in care, Congress in 1988, with the enactment of that year's reauthorization of CAPTA, established the National Child Abuse and Neglect Data System (NCANDS), a voluntary national data collection and analysis system created in response to the requirements of CAPTA and to track the volume and nature of child maltreatment.

Further regulations were issued in 1993 to establish the Statewide Automated Child Welfare Information System (SACWIS), intended as a comprehensive automated case-management tool that operates at the state level and supports social workers' foster care and adoptions assistance practice. Information from SACWIS informs AFCARS and NCANDS reports. If cost-efficient, SACWIS functions could include resource management, tracking and maintenance of legal and court information, administration and management of staff and workloads, licensing verification, risk analysis, and interfacing with other automated information systems.

The CFSR process was the result of a 1994 congressional mandate included as amendments to the Social Security Act (P.L. 103-432), which required HHS to review state child welfare programs to ensure "substantial conformity" with state plan requirements in Titles IV-B and IV-E. The law requires that state child welfare programs be measured or judged in certain areas or standards. HHS and the states worked to develop this review process over the next several years.

State child welfare information systems are largely defined by two major factors:

- federal reporting requirements and their relation to the implementation of the CFSRs as part of a heightened national effort at measurement and accountability, and

- the unique needs of individual states, particularly as they apply to the demands of case management and individual financial record keeping.

This results in a national child welfare information system that is actually a collection of 51 different systems bound together principally by the need to report a core set of data elements to the federal government. Otherwise, the systems have evolved to be responsive to such things as unique state case practice standards, differing levels of authority between state and local jurisdictions, varying roles among state agencies, and the demands of well-established state finance and management systems. This certainly reflects a sound strategy, given the differences among states, but it has increased the overall complexity associated with the design and implementation of improved systems.

When we put all of this into practice, a system must have the capacity to accomplish three things:

- state compliance with federal reporting requirements, including documentation of the state's ability to meet federal outcome standards under ASFA;
- program management and decision making, including providing the data necessary to track and analyze both short- and long-term indicators of individual and system performance; and
- ongoing daily case management.

The requirement to perform case management functions is perhaps the most important thing to appreciate about state information systems, particularly those designed to comply with SACWIS requirements. These systems are not simply for reporting. They also must be fully integrated into the daily work of thousands of direct service staff as tracking and decision-making tools. Complete, accurate, and timely information about the status of individual children is essential to providing supervision and care to children. The need to bring this capacity to life places a much higher demand on states at both the design and maintenance levels than would be the case if their information systems were simply reporting tools.

States, even those with approved SACWIS systems, have much more to accomplish in fully implementing information systems that meet all of the demands of federal reporting, agency management and accountability, and case management. Significant technological challenges still exist, both for those states still designing systems and those in need of upgrades for existing systems. The most daunting challenges, however, remain with the human factor. Caseworkers are the most important ingredient in achieving success with these systems. Additional investments are necessary in reducing workloads and improving the capacity of frontline staff to integrate information management methods into sound case practice.

On occasion, federal guidance and rules can make use of state SACWIS systems a barrier for caseworkers and agencies attempting to address the needs of the families and children they serve. Some local agencies have the technology to link directly with a state's SACWIS system. They have been blocked by the federal government, however, and as a result may be using valuable

resources of staff and money to reenter data into SACWIS when they have the software to avoid this duplication.

Given the complexity of these systems, maintaining strong federal leadership will be necessary for years to come. States will continue to need support in the form of funding, technical assistance, training, and clear standards for both practice and data management, but guidance that recognizes the always changing world of computer technology.

One of the areas where strong support from the federal government is necessary is in the use of the CFSRs, which the Children's Bureau began conducting in 2001. Federal law requires that state child welfare programs be measured or judged in certain areas or standards. Over the next several years, HHS and the states have worked to develop the review process according to the dictates of the law.

In 2007, the Children's Bureau began the second round of CFSRs. As of December 2008, 32 states will have completed their reviews. In the first round of reviews, no states "passed," or achieved substantial conformity in their CFSRs. Because of this, all states were required to complete PIPs, which gave them the opportunity to improve specific outcome and systemic factors. The PIP is a two-year process, with an extra year allowed for states to realize negotiated improvements in their outcome data.

States, advocates, and others have noted a number of challenges with the CFSR process. States have expressed concern that the original sample size of 50 cases, and increased sample size of 65 in the second round, is not adequate as representative of their outcome performance. Some debate exists among child welfare researchers and advocates over the specific outcomes being measured and their value as performance indicators. States do provide HHS with data regarding their performance on a number of outcome measures through their AFCARS submissions. The determination of substantial conformity on specific outcome measures, however, is based on an onsite review. Hence, a state may actually exceed national standards on specific outcome measures and still be required to develop a PIP for those outcomes.

In the second round of CFSRs, states' performance has improved in some areas and decreased in others. This inconsistency calls into question the value of the process and the accuracy and validity of the measurements. GAO noted in a 2004 report that the cost of the CFSR process to states and the federal government has been significant.<sup>71</sup> Many of the states that have tracked CFSR costs only provided costs for specific elements of the process. The cost is likely much higher than states originally estimated, especially in light of the extensive PIP activities undertaken in an effort to achieve improved outcomes. Given this, whether the CFSRs do produce the intended results of improved outcomes in a reliable, valid, cost-effective manner remains questionable. Although many states agree the CFSRs have compelled them to closely scrutinize their policies and practices with a focus on outcomes, the methodology may be counterproductive in terms of providing states with the guidance and resources necessary to achieve their goals of improved outcomes.

Another difficulty in data collection that extends to oversight is the penalty structure when errors are detected. In some human service areas, such as the Food Stamp program, when a program is in error, the state is allowed to take the fine imposed by the federal government and reinvest it in the system to address the cause of the errors. The same process should be incorporated into child welfare. Instead of taking money from child welfare as a penalty on states for failures, would it not be more logical to require penalty funds to be reinvested in an agreed to way between the child welfare agency and HHS?

## **Recommendations**

### *Short-Term*

The new Administration should:

- Allow states that use the services of nonprofit child welfare agencies to have providers enter data directly into a SACWIS system, to allow for transfer of data between agencies, better use of staff time, more attention to caseload, and a maintenance of required data.

### *Long-Term*

Congress and the new Administration should:

- Enact legislation similar to the 2008 Child Welfare Workforce Improvement Act to fund a study on workforce by the National Academy of Sciences that would examine the challenges and strategies related to child welfare and make recommendations about caseload standards, the use of data to expand research, training, and demonstration projects. Ensure such a study includes workers involved with CPS and those who are part of the front end of services.
- Enact legislation to evaluate data collection and reporting strategies in fields similar to child welfare, with particular attention to established national standards, the effects on service provision and workforce, and states' capacity to comply with federal data collection requirements. Recommendations for future data collection efforts should be based on the findings of this study. In light of the recent issuance of new AFCARS regulations earlier this year, this study should be done before any rule changes.
- Revise the CFSR process to allow states to substitute AFCARS outcome data for the onsite review measurements.
- Evaluate the CFSR and PIP process and results. Oversight and closer scrutiny are important and useful tools, but the results of these first two rounds, and whether they have improved outcomes for families and children need to be examined, along with ways to improve or change the process and measures.
- Replace the current penalty format with a system that reinvests dollars so child welfare systems can make necessary improvements.

- Enact legislation that provides more comprehensive federal funding for states developing SACWIS systems and supports more flexibility in data collection and reporting strategies and partnerships with local agencies.

## Urban and Rural Challenges

### *Poverty*

Many children raised in poverty begin their lives at a disadvantage because of inadequate prenatal care, poor maternal nutrition, or birth complications. They often face an array of family and environmental obstacles, including low levels of parental education, increased levels of family stress, poor social support, and limited community assistance. Compared with other children, children living in poverty are more likely to experience difficulty in school and have a higher high school drop-out rate.<sup>72</sup> Urban school districts have a high school graduation rate of 60.4%, compared with the national average of 69.9%, and the suburban average of 74.9%.<sup>73</sup>

Poverty during early childhood may be more damaging than poverty later in life because much of the foundation for learning is built in the early years. Children in poverty score lower on measures of vocabulary, language skills, understanding of number concepts, organization, and self-regulation. Children raised in poverty are likely to experience more risks and have fewer protective factors and resources than children living above the poverty threshold. In addition, children living in poverty are more likely to become teen parents and, as adults, earn less and are unemployed more frequently.<sup>74</sup>

In 1996, HHS released the Third National Incidence Study of Child Abuse and Neglect. NIS gathers information from multiple sources to estimate the number of children who are abused or neglected, and to provide information about the nature and severity of the maltreatment; the characteristics of the children, perpetrators, and families; and the extent of changes in the incidence or distribution of child maltreatment since the previous NIS. The third NIS found a significant correlation between the incidence of maltreatment and family income.

The stress created by living in poverty may play a distinct role in child abuse and neglect.<sup>75</sup> Parents who experience prolonged frustration in trying to meet their family's basic needs may be less able to cope with even normal childhood behavior problems; those who lack social support in times of financial hardship may be particularly vulnerable. According to child abuse risk assessments, CPS staff frequently rate parents who experience employment problems as being at moderate to high risk of child maltreatment.<sup>76</sup>

### *Incarcerated Parents*

According to estimates, some 2 million children in the United States have an incarcerated parent.<sup>77</sup> These children face immense challenges to their mental health and emotional well-being. Many are left to struggle with myriad other problems that incarceration may bring.

Incarceration affects families both economically and socially. They face economic instability resulting from the loss of the incarcerated parent's income, as well as uncertainty in their living

arrangements, which can result in children entering the dependency system. Many experience the stigma and shame associated with incarceration.<sup>78</sup>

The emotional trauma of having an incarcerated parent has lasting effects on children. The trauma of loss occurs both at the initial removal of the parent from the home and with the barriers to communicating with the parent. The coping mechanisms that children develop to handle this trauma can result in long-term emotional and behavioral issues. The challenges and needs of this population are steadily growing as the rate of incarceration increases.<sup>79</sup>

### *Substance Abuse*

Substance abuse and child maltreatment are tragically, undeniably linked. AOD use and abuse has a profound effect on millions of children and their families and poses a challenge to the capacity of the child welfare system. More than 6 million children in this country live with substance-abusing parents. The impact on child welfare is clear: Children whose parents abuse alcohol and other drugs are nearly three times as likely to be abused, and more than four times as likely to be neglected, than are children whose parents are not substance abusers.<sup>80</sup>

Child abuse and neglect are inextricably intertwined with substance abuse. An estimated 40%–80% of the 3 million children who come to the attention of the child welfare system each year live in families with AOD problems.<sup>81</sup>

Caring for children in substance-abusing families is a major factor in child welfare and has other social costs as well. According to a 1999 survey by Prevent Child Abuse America, 85% of states identified substance abuse as the problem most frequently exhibited by families reported to child protective service agencies for maltreatment.<sup>82</sup>

### **Recommendations**

Congress and the new Administration should:

- Support expanded federal resources to increase substance abuse treatment capacity within the child welfare system and stimulate effective partnerships between child welfare and substance abuse agencies.
- Support efforts and legislation that would encourage community-based partnerships to address the problems of access to health and mental health services, housing, and family support services.
- Provide more funding for comprehensive family-based treatment through legislation that would provide specific grants to state child welfare and substance abuse agencies or expand the current substance abuse grants provided through the Title IV-B PSSF program to target family-based treatment programs for all forms of substance abuse.

## Challenges Unique to Rural America

Providing services in rural communities demands a different approach than for urban and suburban communities. For too long, practitioners have assumed that models developed, tested, and proven effective in urban settings would easily translate to rural settings. Instead, rural communities have unique characteristics that require services tailored to their cultures. Broad application of services developed in urban settings and applied without regard for cultural differences in rural communities can actually harm recipients of those services and the perceptions of service providers.

Promoting cultural competence in human services has focused attention on ensuring that services are provided in a manner that respects the client's culture. As we gain understanding of the aspects of rural culture, we learn to provide services in rural communities differently than we would in other environments. Rural communities tend to be closer-knit, they can be distrustful of outsiders, they emphasize family and individualism, and often they are influenced by religious beliefs.

The needs of children and families in rural communities are related to a range of conditions that can exist in rural communities as a whole, such as poverty, cultural and racial differences, and geographical and social isolation. In rural communities, poverty and racial disproportionality are closely linked. Nearly half of rural African American children live in poverty (48%), compared with 46% of rural Latino children and 41% of Native American children. Poverty is tied to significant health risks, such as higher rates of infant mortality, childhood illness, and nutritional deficits.<sup>83</sup>

Rural communities can have limitations when it comes to the workforce and educational opportunities. Another major problem is the lack of resources available within the community and the difficulty posed by having to travel long distances to get to more urban areas where a broader range of services may be available. The 40 million Americans who live in rural communities often lack access to critically needed social services.

It is important to understand, however, that there is not one "rural America." Differences exist in culture, expectations, and beliefs from one rural area to another. But common factors do exist among rural communities that, when appreciated and understood, can improve the quality of services.

If we are to serve rural clients appropriately not all standards generally accepted in social service practice can apply within these communities. For example, traditional social service ethics demand careful attention to dual relationships and conflicts of interest. The small-town nature of rural localities, however, makes it nearly impossible for a professional to avoid dual relationships with clients, if that professional lives in the area in which he or she also works. In many cases, due to the lack of service alternatives available in the community, it may be unethical to decline a client on the basis of a dual relationship.

Social service professionals in rural areas will be called upon to offer a broader range of services themselves because of the lack of other available services, similar to a general medical practitioner as opposed to a medical specialist.

Social service professionals have to network to a greater degree within the rural community to provide services in a highly collaborative manner that reflects the community's values. For example, mental health practitioners often are encouraged to co-locate with medical professionals because of the high esteem in which rural community members hold family doctors, and a doctor's recommendation that one see a counselor can carry great weight. Linking clients to other services is a key role of social service professionals, particularly in underserved areas. This likely will demand professional relationships and collaboration among providers to establish the network and maintain trust. Social service professionals also must recognize that, within rural communities, the concept of *service provider* may encompass roles and locations traditionally overlooked by professionals, such as pastors or local business leaders, or community centers that can provide resources for clients that are not available elsewhere.

## **Recommendations**

Congress and the new Administration should:

- Enact legislation that provides research, planning, and policy to ensure rural communities receive ample resources to address the unique barriers and characteristics of rural communities.
- Provide rural communities with basic human services that include a special focus on the need for day treatment services, mental health and psychiatric services, and access to basic health care.
- Ensure educational and workforce options that may help address some of the unique rural barriers, such as the e-learning and other technological tools that may overcome distance and other barriers.

## **Immigration Issues In Child Welfare**

Families are central to child well-being. Family ties, especially between parent and child, are extremely important. *CWLA Standards of Excellence for Services to Strengthen and Preserve Families and Children* provide a vision for what is best for children and their families.<sup>84</sup> The standards point out that children develop the ability to develop productive lives in the context of their families.

Immigrant families are a large and growing segment of the population. An estimated one-fourth of children and youth in the United States are either immigrants themselves or children of immigrants.<sup>85</sup> Data about the number of children in the child welfare system who are immigrants is difficult to obtain.

The child welfare system, however, does not have enough translation services or bilingual staff members at all levels. Too often, child victims of abuse and neglect are asked to translate for a parent who is suspected of abuse or neglect. The system also has a lack of culturally relevant services, such as parenting classes and drug treatment programs. Cultural norms and child-rearing practices often differ from those in the United States, so services must be culturally competent.

We have to examine eligibility guidelines for support services. In many instances, immigrant families lack access to federal income and employment supports. Undocumented children are not eligible for federally funded Title IV-E foster care. Welfare reform and immigration reform have restricted immigrants' access to food stamps, public health insurance, SSI, and TANF.

Without reliable data on the number of immigrant children and families in the child welfare system, effective planning and service delivery is difficult. Research about immigrants in the child welfare system should be encouraged, and data about immigrants in the system should be collected, analyzed, and summarized on a national, regional, and local basis. Policymakers and community agencies need this information to be responsive to immediate and emerging needs.

We need to consider increasing federal funding for child welfare services to eligible immigrant children and families. Federal funding is necessary for a variety of interventions, including foster care and services for undocumented children and youth. Training and technical assistance to states and communities can adequately respond to the diverse and often complex needs of eligible children and families with transnational and immigration issues.

### *Recent Developments*

The reasons undocumented and mixed status children enter child welfare are no different than for other children, but these children do face many unique challenges. There is much trauma associated with migration. Once a family arrives in the United States, cultural and language barriers, fear, poverty, and difficulty finding work create further stress on families.

Child welfare agencies also face unique challenges serving children of immigrants or mixed-status parents. Federal law requires that states consider giving preference to relatives when a child is placed outside the home, but relatives are not always available in immigrant communities, and the children may be placed in nonrelative family foster care. Involvement with CPS can be especially traumatic for immigrant children. They are new to the country, may not speak English, and are likely to have different cultural backgrounds. Placement in nonrelative family foster care group homes may be particularly upsetting and difficult for immigrant children. Additionally, permanency planning for these children is more complex.

Children who are separated from parents face short- and long-term psychological damage, including depression, post-traumatic stress, anxiety, feelings of abandonment, and suicidal thoughts. Increased immigration enforcement by the federal government is jeopardizing the health, well-being, and economic security of our nation's children. Immigration raids and actions by law enforcement have resulted in hundreds of children being separated from their parents. These separations cause serious disruptions that can have large, long-lasting negative

consequences for children and communities. These disruptions cause tremendous stress on families. When parents are unable to provide care and supervision, their children are at increased risk.

Immigration enforcement officials should employ humane policies and procedures when dealing with the arrest, detention, and processing of anyone involved in workplace immigration enforcement operations, and especially anyone with children. Enforcement must be done in a way that is humane and protects the children involved. Immigration laws must be enforced, but we must respect basic human dignity as we enforce the law.

## ***Recommendations***

### ***Short-Term***

The new Administration should:

- Provide guidance and technical assistance to all states and child welfare agencies on proper handling of immigration issues.
- Ensure immigration enforcement officials give sufficient notice to state child and human service agencies of impending raids so the agencies can arrange for representatives who speak the detainees' first language, and for any other services that may be necessary. Immigration officials should place undocumented immigrants, especially parents, in detention within the jurisdiction of the local immigration field office (to the extent space is available), so separation with children is minimized. A toll-free number should be provided for families to use after a raid to report their relationship to a detainee or for more information about the status of their loved ones.
- Ensure child welfare systems help immigrant children obtain legal permanent residency under the Special Immigrant Juvenile Status provisions and other immigration options of existing immigration law.

Congress and the new Administration should:

- Allow Court Improvement Program funds to be used to train judges and lawyers to assist children with immigration options.

### ***Long-Term***

The new Administration should:

- Ensure immigration authorities and child welfare agencies consider the children's best interest—safety, permanency, and well-being—in all decisions concerning immigrant children.
- Assist states and local agencies in screening all children in the child welfare system as to their eligibility under immigration options.

Congress and the new Administration should:

- Make federal funding available to pay for foster care and services for undocumented children and youth; create national resource centers that will provide training and technical assistance to all states so they have a better understanding how best to assist families with transnational and immigration needs; and create resources so states can respond appropriately to the diverse and often complex needs of eligible children and families with transnational and immigration issues.

Congress should:

- As part of any immigration reform, include ways to collect data about immigrants in the child welfare system. Policymakers and community agencies need accurate data about the immigration status of children in their communities. This information is necessary to be responsive to immediate and emerging needs.

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